

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Contract No. 183
2. NAME OF OPERATOR ODESSA NATURAL CORP. Attn: John Strojek		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P. O. Box 3908 Odessa, Texas 79760		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 790'FNL, 990'FEL		8. FARM OR LEASE NAME Chacon Jicarilla "D"
14. PERMIT NO.		9. WELL NO. 19
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7382'GL, 7395'DF, 7396'KB		10. FIELD AND POOL, OR WILDCAT Chacon Dakota Associated Pool
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 27-T23N-R3W N.M.P.M.
		12. COUNTY OR PARISH Sandoval
		13. STATE N.M.

13. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

7/13/80 Spud Well

7/14/80 T.D. 265'. Ran 7 joints 8-5/8", 24.0 lb., K-55 casing (246.00') set at 261.00' with 250 sacks Class "B" cement with 3% Calcium Chloride and 1/4 lb. Flocele per sack. Cement circulated approximately 5 barrels. Pressure test with 500 psig for 30 minutes. Test ok.

7/28/80 T.D. 7620'. Ran 222 joints 4-1/2". 10.50 & 11.60, K-55 casing (7594.24') set at 7596.64 with:

First Stage: 550 sacks 50-50 Poz,ix with 6-1/4lbs. Gilsonite and 6 lbs. salt per sack. Calculated top of cement 5854.04'

Second Stage: 125 sacks 65-35 Pozmix (12% Gel) with 6-1/4 lbs. Gilsonite per sack, followed by 50 sacks Class "B" Neat cement. Stage collar 3327.89'. Calculated top of cement 2527.89'.

FOR: ODESSA NATURAL CORPORATION

18. I hereby certify that the ORIGINAL SIGNED By Ewell N. Walsh President, Walsh Engr. & Production Corp. DATE 7/29/80

SIGNED Ewell N. Walsh, P.E. TITLE \_\_\_\_\_

(This space for Federal or State office use)

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

FEB 8 1980  
AUG 1 1980

FARMINGTON DISTRICT

BY BW

\*See Instructions on Reverse Side