

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
N.M. - 28713

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Little Federal 29

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
Chacon Dakota
Associated

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 29-T24N-R3W

N.M.P.M.

12. COUNTY OR PARISH 13. STATE
Rio Arriba N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Odessa Natural Corporation Attn: John Strojek
3. ADDRESS OF OPERATOR
P.O. Box 3908 Odessa, Texas 79760
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1850'FNL, 1675'FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7023'GL, 7036'DF, 7037'KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☒

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

See attached for Fracture Treatment.

FOR: Odessa Natural Corporation

18. I hereby certify that the foregoing is true and correct.

SIGNED

Ewell N. Walsh, P.E.

TITLE

President, Walsh Engineering
& Production Corp.

DATE 9/26/78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

RECEIVED

SEP 28 1978

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

FRACTURE TREATMENT

Formation Dakota "B" Stage No. 1

Date Sept. 18, 1978

Operator Odessa Natural Corporation Lease and Well Little Fed. 29,
No. 1

Correlation Log Type GR- Collar From 6000' To 7403'

Temporary Bridge Plug Type None Set At _____

Perforations 7339 - 7360'
1 Per foot type 3½" Glass Strip Jet

Pad 8488 gallons. Additives 1% Kcl. 2 lbs.
FR-20 per 1000 gallons. 1 gallon Frac Flo per
1000 gallons.

Water 60,000 gallons. Additives 1% Kcl. 2 lbs.
FR-20 per 1000 gallons.

Sand 60,000 lbs. Size 20-40

Flush 1,000 gallons. Additives 1% Kcl. 2 lbs.
FR-20 & 1 gallon Frac Flo per 1000 gallons.
plus 4000 gallons 9.5 lb/gal. Calcium Chloride
water.

Breakdown 3000 psig

Ave. Treating Pressure 4300 psig

Max. Treating Pressure 4500 psig

Ave. Injecton Rate 21.0 BPM

Hydraulic Horsepower 2213 HHP

Instantaneous SIP 1200 psig

5 Minute SIP 970 psig

10 Minute SIP 890 psig

15 Minute SIP 830 psig

Ball Drops: None Balls at _____ gallons _____ psig
increas
_____ Balls at _____ gallons _____ psig
increas
_____ Balls at _____ gallons _____ psig
increas

Remarks: Packer on 2-7/8" tubing at 3300'.

Walsh ENGINEERING & PRODUCTION CORP.

FRACTURE TREATMENT

Formation Dakota "A" Stage No. 2

Date Sept. 18, 1978

Operator Odessa Natural Corporation Lease and Well Little Federal 29,
No. 1

Correlation Log Type None From _____ To _____

Temporary Bridge Plug Type Halliburton Speed-E-Line Set At 7310

Perforations 7220 - 7268', & 7276' - 7286'
1 Per foot type 3½" Glass Strip Jet

Pad 8,450 gallons. Additives 1% Kcl. 2 lbs.
FR-20 per 1000 gallons. 1 gallon Frac Flo per
1000 gallons.

Water 65,400 gallons. Additives 1% Kcl. 2 lbs.
FR-20 per 1000 gallons.

Sand 59,000 lbs. Size 20-40

Flush 1,020 gallons. Additives 1% Kcl. 2 lbs.
FR-20

Breakdown 2000 psig

Ave. Treating Pressure 4300 psig

Max. Treating Pressure 4500 psig

Ave. Injection Rate 20.0 BPM

Hydraulic Horsepower 2108 HHP

Instantaneous SIP 4,000 psig

5 Minute SIP 1,000 psig

10 Minute SIP 920 psig

15 Minute SIP 880 psig

Ball Drops: None Balls at _____ gallons _____ psig
increas
_____ Balls at _____ gallons _____ psig
increas
_____ Balls at _____ gallons _____ psig
increas

Remarks: Sanded off. Shut in 8 hours, SIP - 100 psig. Bled off
pressure. Packer on 2-7/8" tubing at 3300' **Walsh** ENGINEERING & PRODUCTION CORP.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424
5. LEASE DESIGNATION AND SERIAL NO.
N.M.-28713
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Odessa Natural Corporation		8. FARM OR LEASE NAME Little Federal 29	
3. ADDRESS OF OPERATOR P.O. Box 3908, Odessa, Texas 79760 Attn: John Strojek		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FNL, 1675' FWL		10. FIELD AND POOL, OR WILDCAT Chacon Dakota Associated	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29-T24N-R3W N.M.P.M.	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7023' G.L., 7036' D.F., 7037' KB	12. COUNTY OR PARISH Rio Arriba	13. STATE N.M.

16. 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.)*

7-8-78 Spud Well

7-8-78 T.D. 383'

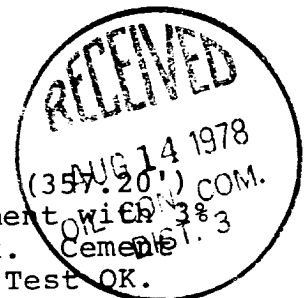
Ran 8 joints, 8-5/8", 24.0 lb., K-55 casing (357.20')
Set at 371.20' with 350 sacks Class "B" cement with 3% Calcium Chloride and 1/4 lb. Flocele per sack. Cement circulated. Pressure test with 500 psig. Test OK.

7-26-78 T.D. 7600'

Ran 176 joints, 4 1/2", 10.50 & 11.60 lb., K-55 casing (7551.13')
Set at 7563.13' with:

First stage: 660 sacks 50-50 pozmix with 6 1/4 Lbs. Gilsonite and 6 lbs. salt per sack.

Second Stage: 175 sacks 65-35 Pozmix (12% gel) with 6 1/4 lbs. Gilsonite per sack. Followed by 50 sacks Class "B" Neat Cement. Stage collar at 3278'.



For: Odessa Natural Corporation

18. I hereby certify that the foregoing is true and correct

SIGNED

Ewell N. Walsh, P.E.

President, Walsh Engineering

TITLE & Production Corp.

DATE 8-9-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in
this series on
reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

LEASE DESIGNATION AND SERIAL NO.

NM - 28713

IF INDIAN, ALLOTTEE OR TRIBE NAME

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. DESVR. ☐ Other _____

2. NAME OF OPERATOR

ODESSA NATURAL CORPORATION ATTN: John Strojek

3. ADDRESS OF OPERATOR

P.O. Box 3908 Odessa, Texas 79760

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1850' FNL, 1675' FWL

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO.

DATE ISSUED

7. UNIT AGREEMENT NAME

5. FARM OR LEASE NAME

Little Federal 29

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Chacon Dakota Associated

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 29-T24N-R3W

N.M.P.M.

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

15. DATE SPUDDED

7/8/78

16. DATE T.D. REACHED

7/25/78

17. DATE COMPL. (Ready to prod.)

9/20/78

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

7036'D.F. - 7037'K.B.

19. ELEV. CASINGHEAD

7023' G.L.

20. TOTAL DEPTH, MD & TVD

7600'

21. PLUG, BACK T.D., MD & TVD

7403'

22. IF MULTIPLE COMPL. HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

XX

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

7220'-7360', Dakota

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES, CNL, FDC

27. WAS WELL CORED

No

29. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24.0	371'	12-1/4"	350 Sacks	None
4-1/2"	10.50&11.60	7563'	7-7/8"	885 Sacks	None

30. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					2-3/8"	7224'	7157'

31. PERFORATION RECORD (Interval, size and number)

7220'-7268') 1 per foot
7276'-7286')

7339'-7360' 2 per foot

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7220'-7286'	65,400 Gallons water 59,000 lbs. sand
7339'-7360'	60,000 gallons water 60,000 lbs. sand

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
10/13/78		Flowing				Shut In	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10/19/78	24	3/4	→				2,120
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
1000 psig	Packer	→	260	550	-0-	45.0	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

FOR: ODESSA NATURAL CORPORATION

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED 
(Ewell N. Walsh, P.E.)

TITLE President, Walsh Engin. & Production Corp.

DATE 11/14/78

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Necks (Cement)": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

31. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TISE TOOL, OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VEERT. DEPTH
			Ojo Alamo	2380'	2380'
			Kirtland	2715'	2715'
			Fruitland	2828'	2828'
			Pictured Cliffs		
			Lewis	3055'	3055'
			Chacra	3113'	3113'
			Cliff House	3895'	3895'
			Menefee	4635'	4635'
			Point Lookout	4700'	4700'
			Mancos	5150'	5150'
			Gallup	5375'	5375'
			Sanostee	5730'	5730'
			Greenhorn	6850'	6850'
			Graneros	7133'	7133'
			Dakota "A"	7204'	7204'
			Dakota "B"	7218'	7218'
			Dakota "D"	7240'	7240'
			Dakota Burro Canyon	7390'	7390'
				7504'	7504'