

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM - 02402

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Arco Little
Federal 32

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT
Chacon, Dakota
Associated

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 32-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 Att: 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' FSL, 1850' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7204' GR, 7217' DF, 7218' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☒

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) ☐

(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.

President, Walsh Engin.
& Production Corp.

DATE 8-16-78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

FRACTURE TREATMENT Stage No. 1

Date 7/11/78

Operator Odessa Natural Corporation Lease and Well Arco Little Federal 32, No. 3

Correlation Log Type GR-Collar From 6000 to 7520

Temporary Bridge Plug Type None Set At _____

Perforations 7391' - 7405'
2 per foot type Hyper-Jet 2

Pad 9,970 gallons. Additives 1% Kcl. 2lbs.
FR-20 per 1000, 1 gallon Frac Flo per 1000.

Water 41,000 gallons. Additives 1% Kcl & 2lbs.
FR-20 per 1000 gallons.

Sand 40,000 lbs. Size 20-40

Flush 5,000 gallons. Additives 1% Kcl, 2 lbs.
FR-20 & 1 gallon Frac Flo per 1000 gallons.

Breakdown 3600 psig

Ave. Treating Pressure 3300 psig

Max. Treating Pressure 4000 psig

Ave. Injecton Rate 40.0 BPM

Hydraulic Horsepower 3137 HHP

Instantaneous SIP 1500 psig

5 Minute SIP 1175 psig

10 Minute SIP 1075 psig

15 Minute SIP 1000 psig

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

Remarks: _____

FRACTURE TREATMENT
Stage No. 2

Date 7/12/78

Operator Odessa Natural Corporation Lease and Well Arco Little Federal 32, No. 3

Correlation Log Type -- From to

Temporary Bridge Plug Type Halliburton Speed-E-Line Set At 7360

Perforations 7276' - 7310', 7315' - 7329'
 per foot type Hyper Jet 2

Pad 9893 gallons. Additives 1% Kcl. 2 lbs.
FR-20 & 1 gallon Frac Flo per 1000 gallons.

Water 80,000 gallons. Additives 1% Kcl & 2lbs.
FR-20 per 1000 gallons

Sand 80,000 lbs. Size 20-40

Flush 4,900 gallons. Additives 1% Kcl & 2lbs.
FR-20 per 1000 gallons.

Breakdown 2600 psig

Ave. Treating Pressure 3200 psig

Max. Treating Pressure 3500 psig

Ave. Injecton Rate 40.0 BPM

Hydraulic Horsepower 3608 HHP

Instantaneous SIP 1600 psig

5 Minute SIP 1400 psig

10 Minute SIP 1300 psig

15 Minute SIP 1100 psig

Ball Drops: 10 Balls at 40,000 gallons 50 psig
 Balls at gallons psig
 Balls at gallons psig

Remarks: Pressure bridge with 4000 psig. Test ok.

Walsh ENGINEERING & PRODUCTION CORP.