

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

0 78899-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Western "C"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Dakota Field

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

Sec 20, 26N - 11W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

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 ☐ GAS ☒  
WELL WELL OTHER

2. NAME OF OPERATOR

Odessa Natural Gas Corporation

3. ADDRESS OF OPERATOR

P.O. Box 3986, Odessa, Texas 79760

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

990' FNL & 990' FEL

14. PERMIT NO.

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

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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 perti-  
nent to this work.)\*

1. Move in - rig up workover unit - install blow-out-preventors - pull out of hole with production equipment.
2. Run retrievable bridge plug and packer to locate casing leak.
3. Drill out cement. Pressure test casing.
4. Treat Dakota perforations if warranted.
5. Return well to production.



RECEIVED

OCT 7 1976

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

SIGNED

William T. Jones  
W. T. Jones

TITLE Agent

DATE 10-6-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Okaf

\*See Instructions on Reverse Side