	Form 9-331 (May 1963) DEPAR	Form approved. Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO.			
(Chee proposed to determine to deally or to describe an about the temporal. (Chee not not this four opposation of the temporal of tempora	CHAIDDY NG	····			SF-078899-A
Odessa Natural Corporation Att: John Strojek Odessa Natural Corporation Att: John Strojek P.O. BOX 3908, Odessa, Texas 79760 1. Describe of orelation (carly said in accordance with my State requirements.* 1. Describe of Overland Corporation (Show whether Dy. Rt. cs. etc.) Check Appropriate Box To Indicate Notice (Notice, Report, or Other Data Structure Texas Structure Texas Structure Of Notice, Report, or Other Data Structure Texas Struc	(Do not use this form for pro Use "APPL	posals to drill or to de	enen or ning book		O. I TRUINN, ALLOTTEE OR TRIBE NAME
Odessa Natural Corporation Att: John Strojek 8. FARM OS LEASE NAME NOTE: POOL Unit "P 8. MORESS OF OPERATOR P.O. BOX 3908, Odessa, Texas 79760 1. Locations of well, (Report location clearly and in accordance with any State requirements." At sufface 17 below.) 1. Locations of well, (Report location clearly and in accordance with any State requirements. 1. Locations of well, (Report location clearly and in accordance with any State requirements." 1. Locations of well, (Report location clearly and in accordance with any State requirements. 1. Locations of well, (Report location clearly and in accordance with any State requirements. 1. Locations of well, (Report location clearly and in accordance with any State requirements. 1. Locations of well, (Report location clearly and in accordance with any State requirements. 1. Locations of well, (Report location clearly and in accordance with any State requirements. 1. Locations of well, (Report location clearly and any State requirements. 1. Locations of well, (Report location clearly and any State requirements. 1. Locations of well, (Report location clearly and any State requirements. 1. Locations of well, (Report location clearly and any State requirements. 1. Locations of well, (Report location clearly and any State requirements. 1. Locations of well, (Report location clearly and any State requirements. 1. Locations of well, (Report location clearly and state of accordance with any state requirements. 1. Locations of well, (Report location clearly and state of accordance with any state and control of the state of accordance with any state requirements. 1. Location of the state of accordance with any state requirements. 1. Location of the state of accordance with any stat	OIL GAS WELL OTHER				
P.O. BOX 3908, Oddesa, Texas 79760 Decision of such Report location clearly and in accordance with any State requirements.* 10. FIREL AND POOL, OR WINDOWS		Corporation	Att:	John Strojek	Western Pool Unit "B
THE PROJECT OF WILL Report location clearly and in accordance with any State requirements. AT SUFFACE 17 below. AT SUFFACE 17 below. 1100'FSL, 990'FEL 11. SECULTATION OF WILL REPORT LOCATION 11. SECULDATION 11. SECULTATION 11. SECURTATION 11. SECURTA	P.O. Box 3908,	Odessa, Tex	as 79760		_
11. Sec. T. R. M. OB BLE. AND 12. PREMIT NO. 13. ELEVATIONS (Show whether DY, NY, CR. etc.) 14. PREMIT NO. 15. ELEVATIONS (Show whether DY, NY, CR. etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: 17. OR ALTER CASINO 17. DESCRIPE PROPERTY COMPLETED SOURCE OF INTENTION TO: 18. ELEVATIONS (Show whether DY, NY, CR. etc.) 19. COUNTY OF ALAINS 13. ELLYS SOURCE OF INTENTION TO: 18. ELEVATIONS (Show whether DY, NY, CR. etc.) 19. COUNTY OF ALTER CASINO NOTICE OF INTENTION TO: 18. ELEVATIONS (Show whether DY, NY, CR. etc.) SOURCE OF INTENTION TO: 18. ELEVATIONS (Show whether DY, NY, CR. etc.) SOURCE OF INTENTION TO: 18. ELEVATIONS (Show whether DY, NY, CR. etc.) SOURCE OF INTENTION TO ALIES (Show NAME) NOTICE OF INTENTION TO: 18. ELEVATIONS (Show whether DY, NY, CR. etc.) SOURCE OF INTENTION TO ALIES (SAN INT	 LOCATION OF WELL (Report location See also space 17 below.) 	n clearly and in accorda	ance with any State	requirements.*	10. FIELD AND POOL, OR WILDCAT
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTERVIEW TO: THEST WATER SHUT-OFF PRACTORE TREAT SHOOTON OR ACIDIEN ABANDON'S REPAIRING CARING MCLITIFIE COMPLETE SHOOTON OR ACIDIEN COMPLETE ABANDON'S REPAIRING CARING ABANDON'S REPAIRING CARING ABANDON'S REPAIRING CARING CHORY SEC BEILD-OFF PRACTORE TREATERN ABANDON'S REPAIRING CARING (Other) COMPLETED OFFERATIONS (Clearly state all pertuent details, and give prepared work. If well is directionally drilled, give subsurface locations and measured and true vertical deptils for all markers and zones perti- See attached for additional requested items missing Form the drilling plan. For: Odessa Natural Corporation I hereby certify that its topped of the completion o	1100'	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: SUBSEQUENT REP	14. PERMIT NO.	15. ELEVATIONS (S)	ow whether pr. RT. o	R. etc.)	N.M.P.M.
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT ARPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACTULE				·	į
NOTICE OF INTENTION TO: THAT WATER SHUT-OFF FRACTURE TREAT FRACTURE TREAT SHOOT OR ACIDIE ADARDON* REPAIR WELL COULD TO RECOMMENTED COFFRACTIONS (Clearly state all pertinent details, and give pertinent details, and give pertinent details, and give pertinent details and true vertical depths for all markers and zones pertinent to this work,)* See attached for additional requested items missing For: Odessa Natural Corporation I bereby certify that he topeday will a complete the details, and give subsurface (casions and measured and true vertical depths for all markers and zones pertinent to this work,)* Per sident, Walsh Engineering & TITLE Production Corporation DATE August 1, 1979 APPROVED BY APPROVED BY TITLE Production Corporation DATE August 1, 1979	6. Check A				
FRACTURE TREAT SHOOT OR ACIDIE SANDON* SHOOTING OR ACIDIEN (Other) CHANGE FLANS CHANGE FLANS CHANGE FLANS CHANGE FLANS CHOREY COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent and Log form.) See attached for additional requested items missing For: Odessa Natural Corporation Thereby certify that the foresting for the drilling plan. For: Odessa Natural Corporation Title Production Corporation Corporation TITLE Produ			1		
FOR COMPLETE ABANDON* SHOOT OR ACIDIE (Other) 7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If we'll is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* See attached for additional requested items missing from the drilling plan. For: Odessa Natural Corporation Thereby certify that has forecompty proposed or complete the complete on the complete on the complete of the complete	TEST WATER SHUT-OFF	PULL OR ALTER CASIN	6	WATER SHUT-OFF	REPAIRING WELL
REPAIR WELL (Other)		MULTIPLE COMPLETE		FRACTURE TREATMENT	-
(Other) (Other) (Other) (Other) (Other) (Nors: Report results of multiple completion on Well Completion or Recompletion Acts and Log form.) (Other) (Nors: Report results of multiple completion on Well Completion or Recompletion Reco				SHOOTING OR ACIDIZING	ABANDONMENT*
7. 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 sones pertinent to this work.) See attached for additional requested items missing from the drilling plan. For: Odessa Natural Corporation I bereby certify that the forestar's true for corporation parts August 1, 1979 (This space for Federal or State office use)	<u> </u>	CHANGE PLANS		(Nore: Report resul	ts of multiple completion on Wall
TITLE Production Corporation DATE August 1, 1979 (This space for Federal or State office use)	See atta from the dr	ached for ac illing plan	ditional	requested ite	ms missing
TITLE Thereby certify that the foregoing by truefid coffee President, Walsh Engineering & TITLE Production Corporation DATE August 1, 1979 (This space for Federal or State office use)					
TITLE Thereby certify that the foregoing by truefid coffee President, Walsh Engineering & TITLE Production Corporation DATE August 1, 1979 (This space for Federal or State office use)				in the said	
TITLE Thereby certify that the foregoing by truefid coffee President, Walsh Engineering & TITLE Production Corporation DATE August 1, 1979 (This space for Federal or State office use)				The state of the s	
TITLE Thereby certify that the foregoing by truefid coffee President, Walsh Engineering & TITLE Production Corporation DATE August 1, 1979 (This space for Federal or State office use)			\$ 2000	31019	
TITLE Thereby certify that the foregoing by truefid coffee President, Walsh Engineering & TITLE Production Corporation DATE August 1, 1979 (This space for Federal or State office use)			Oir	5 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE Thereby certify that the foregoing by truefid coffee President, Walsh Engineering & TITLE Production Corporation DATE August 1, 1979 (This space for Federal or State office use)			William Control of the Control of th	The state of the s	
TITLE Thereby certify that the foregoing by truefid coffee President, Walsh Engineering & TITLE Production Corporation DATE August 1, 1979 (This space for Federal or State office use)	For: Odessa Natu	ıral Corpora	tion	S. S	
TITLE Production Corporation DATE August 1, 1979 (This space for Federal or State office use)	. I hereby certify that the foregoing			Walsh Engines	pring s
(This space for Federal or State office use) APPROVED BY		LUCUSE T	ITLE Produc	tion Corporati	tring & On hamm Andhet 1 1070
APPROVED BY TITLE DATE		n, P.E.			DAID-00400 1, 13/9
	APPROVED BY	ANY:	ITLE		DATE

nymocc

*See Instructions on Reverse Side

dial

ODESSA NATURAL CORPORATION WESTERN POOL UNIT "B", NO. 1-E SE/4SE/4, Sec. 8-T26N-R11W Lease No. SF-078899-A

- Geologic Name of the surface formation.
 Nacimiento
- 7. Estimated depths of anticipated water, oil or gas bearing formations.

Ojo Alamo	300'	to	550'	_	Wate		
Fruitland	950 '	to	1512'	-	Gas	and	Water
Pictured Cliffs			1660'				
Mesa Verde	2385	to	4300'	_	Gas	and	Water
Gallup	4992'	to	53001	_	Gas	and	Oil
Dakota	6069'	to	6286'	_	Gas		

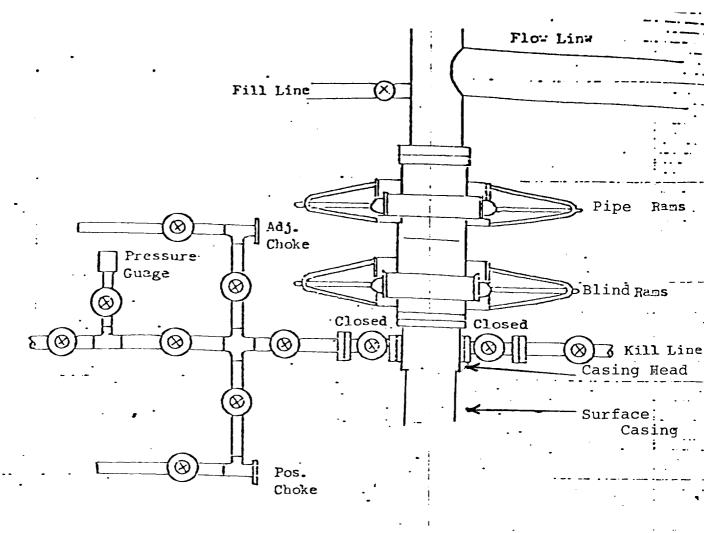
8. Casing Program

Surface: 8-5/8", 24.0 lb., K-55, ST&C, New Production: 4-1/2", 10.50 lb., K-55, ST&C, New

9. Depth and Cementing Program Surface: 250' - 250 sacks, Class "B" cement with 3% Calcium Chloride and 1/4 lb. Flocele per sack, circulated to surface. Production: 6286' - 1st stage estimated 350 sacks 50/50 Pozmix with 6-1/4 lbs. Gilsonite per sack. Interval 6286' to 4500' - 2nd stage estimated 210 sacks 65/35 Pozmix, 12% gel, with 6-1/4 lbs. Gilsonite per sack followed by 50 sacks Class "B" Neat cement. Interval 4500' to 1800' - 3rd stage, estimated 160 sacks, 65/35 Pozmix, 12% gel, with 6-1/4 lbs.

65/35 Pozmix, 12% gel, with 6-1/4 lbs. Gilsonite followed by 50 sacks Class "B" Neat cement. Interval 1800'to surface. General THROUGH 040 ALAMO FORMATION.

- 10. Schematic Diagram of pressure equipment See Attached



Casing Head, 8" - 600 series

Valyes and Nipples - 2,000 psig W. P.

B.O.P., 10" - 900 series

Choke manifold must be at ground level and extended out from under substructure.

Testing Procedure,

- 1. Test 500 psig before drill cement in surface casing.
- 2. Operate B.O.P. daily

SCHEMATIC DIAGRAM . OF PRESSURE CONTROL EQUIPMENT