

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.

SF-078899

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Western Pool Unit "C"

9. WELL NO.

1-E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 20-T26N-R11W

N.M.P.M.

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Odessa Natural Corporation

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

990'FSL, 990'FEL

14. PERMIT NO.

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

6179'GL, 6192'DF, 6193'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) See Below ☒

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 additional requested items missing from
the drilling plan.

For: Odessa Natural Corporation

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

SIGNED

Ewell N. Walsh, P.E.

President, Walsh Engineering
& Production Corp.

DATE Aug. 1, 1979

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

ODESSA NATURAL CORPORATION
WESTERN POOL UNIT "C", NO. 1-E
SE/4SE/4, Sec. 20-T26N-R11W
Lease No. SF-078899

3. Geologic Name of the surface formation.
Nacimiento

7. Estimated depths of anticipated water, oil or gas bearing formations.

Ojo Alamo	250' to 500' - Water
Fruitland	900' to 1453' - Gas and Water
Pictured Cliffs	1453' to 1600' - Gas
Mesa Verde	2226' to 4125' - Gas and Water
Gallup	4933' to 5250' - Gas and Oil
Dakota	6010' to 6227' - 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: 6227' - 1st stage estimated 350 sacks 50/50 Pozmix with 6-1/4 lbs. Gilsonite per sack. Interval 6227' 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. Gilsonite followed by 50 sacks Class "B" Neat cement. Interval 1800' to surface. CEMENT THROUGH OJO ALAMO FORMATION.

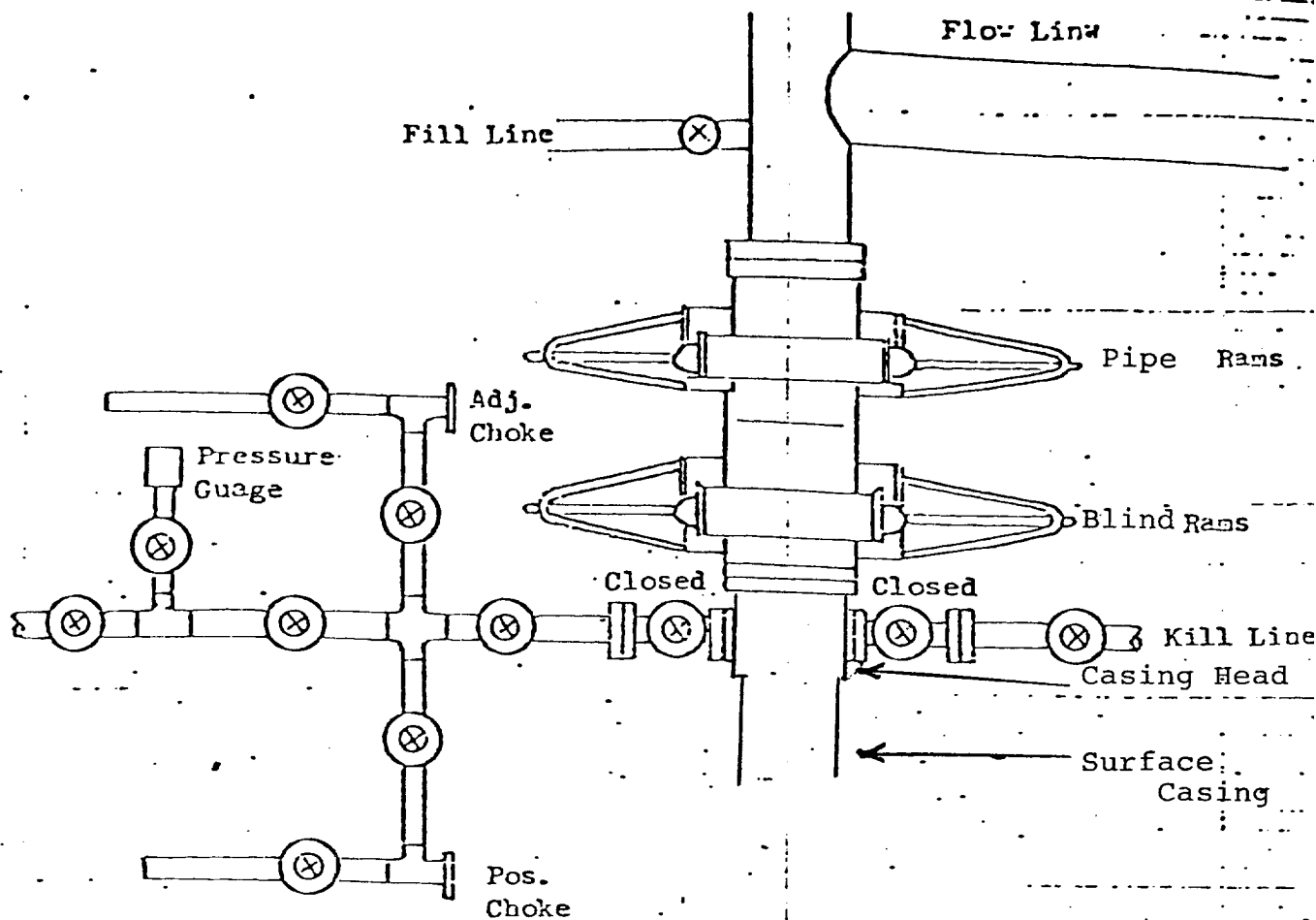
10. Schematic Diagram of pressure equipment
See Attached

12. Drill Stem Test - None.

Coring - None

Logging - Induction Electrical Log, T. D. to surface.

- Compensated Neutron and Formation Density Log-
Dakota formation interval and other selected intervals.



Casing Head, 8" - 600 series
 Valves 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