

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.

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

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

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*

X

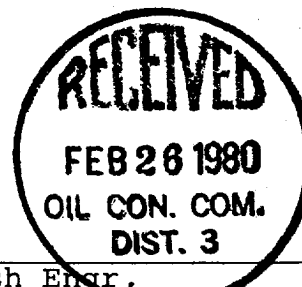
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Change in name of operator to correct name on Application for Permit to Drill.

FROM: El Paso Products, Company

TO: ODESSA NATURAL CORPORATION



FOR: ODESSA NATURAL CORPORATION

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

ORIGINAL SIGNED BY

President, Walsh Engr, & Production Corp.

SIGNED

EWELL N. WALSH

TITLE

DATE 2/18/80

Ewell N. Walsh, P.E.

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NAOCC

FEB 22 1980

*See Instructions on Reverse Side

FARMINGTON DISTRICT
BY M. L. Kuchera