| Form | 9-331 |
|------|-------|
| (May | 1963) |

TEST WATER SHUT-OFF

FRACTURE TREAT

| | NOTICE OF INTENTION TO: | QUENT REPORT OF: | |
|---------------------------|---|---|----------------|
| 16. | Check Appropriate Box To Indicate Nature of Notice, Report, or | Other Data | |
| 14. PERMIT NO. | 7204'GR, 7217'DF, 7218'KB | Rio Arriba | N.M. |
| 14 pmp um No | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH | |
| | 1650'FNL, 1650'FWL | Sec. 10-T2 | 3N-R3W P.M. |
| | | 11. SEC., T., R., M., OR BI SURVEY OR AREA | |
| See also space At surface | 2 17 below.) | Chacon Dako Associated (| |
| F.O. | WELL (Report location clearly and in accordance with any State requirements.* | 10. FIELD AND POOL, OR | |
| 3. ADDRESS OF O | BOX 3908 ODESSA, TEXAS 79760 | 2 | |
| | SA NATURAL CORPORATION | 9. WELL NO. | |
| 2. NAME OF OPER | | Jicarilla A Venture "KD | pache |
| WELL LX | WELL OTHER | 8. FARM OR LEASE NAME | |
| 1. OIL [37] | GAS | | |
| | Use "APPLICATION FOR FERMIT" 101 Buch proposedly | 7. UNIT AGREEMENT NAM | IE . |
| (Do not u | SUNDRY NOTICES AND REPORTS ON WELLS the this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) | Jicarilla A | pache |
| | | 6. IF INDIAN, ALLOTTEE | OR TRIBE NAME |
| | GEOLOGICAL SURVEY | Jicarilla Jo: Venture "KD" | unt |
| May 1963) | DEPARTMENT OF THE INTERIOR verse side) | 5. LEASE DESIGNATION A | |
| Form 9-331 | UNITED STATES SUBMIT IN TRIPLICATES | | No. 42-R1424. |
| | | | |

ABANDONMENT* SHOOTING OR ACIDIZING SHOOT OR ACIDIZE ABANDON* (Other)

(Other)

(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.)*

PULL OR ALTER CASING

MULTIPLE COMPLETE

WATER SHUT-OFF

FRACTURE TREATMENT

REPAIRING WELL

ALTERING CASING

| FOR: ODESSA NATURAL CORPORT | MOTTA | |
|---|---------|--|
| 18. I hereby certify the the foregoing to the and cirrect | | President, Walsh Engineering & Production Corp. DATE 9-30-77 |
| (This space for Federal or State office use) | | 2.497 |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE . | DATE (I) |

*See Instructions on Reverse Side

GGT 5 1977

TO THE REPORT SURVEY