

**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.

NM-28760

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Little Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Undesignated Pictured
Cliffs

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

Sec. 1-T30N-R14W
N.M., P.M.

12. COUNTY OR PARISH 13. STATE

San Juan

New Mex.

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
1115'FNL, 1710'FWL

14. PERMIT NO.

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

5871'GR, 5881'DF, 5892'KB

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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.)*

3-20-77. Spud well. T. D. 103'.

Ran 2 jts. 8-5/8", 28.0#, 8-V casing (87.55') set at 98.55' with 100 sks. Class B cement with 2% CaCl & 1/4 lb. Flocele per sack. Cement circulated. Test O.K. with 500 psig.

3-23-77. T. D. 1900'.

Ran 47 jts., 4-1/2", 10.50 lb., CW-55 casing (1855.80') set at 1866.80' with 200 sxs. 65/35 Pozmix (12% gel) with 6-1/4 lbs. Gilsonite per sack followed by 175 sxs. 50-50 Pozmix with 6-1/4# Gilsonite per sack. Cement circulated.



APR 14 1977

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 Corporation

DATE 4/13/77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____