

**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.

NM-28760

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Little Federal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Undesignated Pictured Cliff

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

Sec. 12-T30N-R14W

N.M.P.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

940' FNL, 790' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5899' GR, 5909' DF, 5910' KB

12. COUNTY OR PARISH 13. STATE
San Juan N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

11/5/79 This well was plugged in the following manner:

1. 4-1/2" casing will not be pulled from well.
2. Set 8 sack cement plug 1580'-1680'.
3. Set 25 sack cement plug 1175'-1500'.
4. Set 22 sack cement plug 550'-830.
5. Set 10 sack surface plug with dry hole marker.

FOR: ODESSA NATURAL CORPORATION

18. I hereby certify that the foregoing is true and correct
 SIGNED Ewell N. Walsh, P.E. TITLE President, Walsh Engr. & Prod. Corp. DATE 11/6/79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side