

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Joint Venture	
2. NAME OF OPERATOR Odessa Natural Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR P. O. Box 3908 Odessa, Texas 79760		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1700'FNL, 1600'FEL		8. FARM OR LEASE NAME Jicarilla Joint Venture "PC"	
		9. WELL NO. 105	
		10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs	
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 4-T23N-R3W N.M.P.M.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 7157'G.L., 7162'D.F., 7163'KB	12. COUNTY OR PARISH Rio Arriba
			13. STATE New Mexico

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 checked="" 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 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.)*

7/9/78 Spud Well

7/10/78 T.D. 145'

Ran 3 jts. 8-5/8". 24.0 lb., K-55 casing (132.60')
Set at 144.60' with 125 sacks Class "C" Cement with
3% Calcium Chloride and 1/4 lb. Flocele per sack. Cement
circulated. Pressure test with 500 psig. Test-ok.

For: Odessa Natural Corporation

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

President Walsh Engr.

SIGNED Ewell N. Walsh, P.E.

TITLE & Production Corp.

DATE 7/13/78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

RECEIVED

JUL 17 1978

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.