

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other Instructions on T.
V. 1000)

Form Approved
Budget Bureau No 42-R1424
PLEASE DESIGNATE AND SERIAL NO.

SF-078915

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 ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR ODESSA NATURAL CORPORATION Attn: John Strojek		8. FARM OR LEASE NAME Mobil Federal 34	
3. ADDRESS OF OPERATOR P. O. Box 3908 Odessa, Texas 79760		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FNL, 890' FWL		10. FIELD AND POOL, OR WILDCAT Chacon Dakota Associated	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-T24N-R3W N.M.P.M.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7049' GL, 7062' DF, 7063' KB		12. COUNTY OR PARISH Rio Arriba	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☒
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)*

See Attached for Fracture Treatments.



FOR: ODESSA NATURAL CORPORATION

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

SIGNED *William H. Walsh*

TITLE

President, Walsh Engin. & Prod. Corp.

DATE 5/24/79

(This space for Federal or State check use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE



MAY 29 1979

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

Operator Odessa Natural Corporation Lease and Well Mobil Federal 34, No 2

Correlation Log Type GR-CCL From 6700' To 7452'

Temporary Bridge Plug Type None Set At _____

Perforations 7268'-7278'
2 Per foot type 3½" Glass Strip Jet

Pad 6,000 gallons. Additives 1% Kcl. 2 lbs.
J-166 per 1000 gallons. 1 gallon M-38 per 1000
gallons. 15 lbs. Adomite per 1000 gallons.

Water 42,630 gallons. Additives 1% Kcl. 2 lbs.
J-166 per 1000 gallons. 15 lbs. Adomite per
1000 gallons.

Sand 40,000 lbs. Size 20-40

Flush 5,400 gallons. Additives 1% Kcl. 2 lbs.
J-166 & 1 gallon M-38 per 1000 gallons. 15 lbs.
Adomite per 1000 gallons.

Breakdown 2900 psig

Ave. Treating Pressure 2900 psig

Max. Treating Pressure 3700 psig

Ave. Injection Rate 53 BPM

Hydraulic Horsepower 3767 HHP

Instantaneous SIP 1400 psig

5 Minute SIP 1400 psig

10 Minute SIP 1300 psig

Ball Drops: None Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig

Remarks: _____

Walsh ENGINEERING & PRODUCTION CORP.

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