

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-28760
2. NAME OF OPERATOR ODESSA NATURAL CORPORATION Attn: John Strojek		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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  1920'FSL, 1565'FWL		8. FARM OR LEASE NAME Little Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5735'GR, 5746'KB		10. FIELD AND POOL, OR WILDCAT Undesignated Fruitland
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 1-T30N-R14W
		12. COUNTY OR PARISH San Juan
		13. STATE 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.)\*

7/25/80 This well was plugged in the following manner.

1. Spot 35 sack plug 1200' to 750'
2. Spot 25 sack plug 705' to 376'
3. Spot 8 sack plug across surface pipe 300' to 200'
4. Spot 10 sack surface plug and set marker.
5. Location will be cleaned up and reseeded according to BLM specifications.

FOR: ODESSA NATURAL CORPORATION

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

SIGNED

Dewayne Blancett  
Dewayne Blancett

TITLE

Production Foreman

Walsh Engr. &amp; Prod. Corp.

DATE

7/29/80

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of the well bore.  
Liability under bond is retained until  
surface restoration is completed.

Instructions on Reverse Side

NMOC

RECEIVED

JAN 25 1985

OIL CON. DIV.  
DIST. 3APPROVED  
AS AMENDED

JAN 22 1985

M. MILLENBACH  
AREA MANAGER