

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-28760
2. NAME OF OPERATOR Odessa Natural Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO 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  990'FNL, 1455'FWL		8. FARM OR LEASE NAME Little Federal
14. PERMIT NO.		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5898'GL, 5909'DF, 5910'KB		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 12-T30N-R14W N.M.P.M.
		12. COUNTY OR PARISH San Juan
		13. STATE New Mex.

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) _____	
(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.)\*

2-15-77 Spud well. T.D. 305'.

Ran 7 joints, 8-5/8", 24.0 lb., K-55, casing (286.10') set at 299.60' with 250 sacks Class "B" cement with 2% Calcium Chloride and 1/4 lb. Flocele per sack. Cement circulated. Test with 500 psig. Test OK.

3-3-77 T.D. 6579'.

Ran 168 joints, 4 1/2", 10.50lb. CW-55, ST&C casing (6566.92') set at 6577.92' with:

1st stage-400 sacks 50/50 Pozmix "A" with, 12 1/2 lbs. Gilsonite and 6 lbs. salt per sack.  
2nd stage-175 sacks 65-35 pozmix (12% Gel).

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

SIGNED

Ewell N. Walsh, P.E.

TITLE

Pres., Walsh Engr. &

Production Corporation DATE March 4, 1977

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE