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LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Odessa Natural Corporation

Address
P. O. Box 3908, Odessa, Texas 79760

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
Change from Chacon Jicarilla #1 to Chacon Jicarilla #1

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Jicarilla "D"	Well No. 1	Pool Name, Including Formation Undesignated Dakota	Kind of Lease State, Federal or Fee Indian
Location Unit Letter O ; 1020' Feet From The South Line and 1720' Feet From The East Line of Section 15 , Township 23N Range 3W , NMPM, Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, N.M. 87401		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, N.M. 87401		
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 15	Twp. 23N
		Rge. 3W	Is gas actually connected? No
			When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded 10-10-75	Date Compl. Ready to Prod. 12-10-75	Total Depth 7664'		P.B.T.D. 7621'					
xxx Elevations 7342' GL, 7354' KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7248'		Tubing Depth 7383'				
Perforations 7248'-7290', 7366'-7380'				Depth Casing Shoe 7664'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8		275		200				
7-7/8	4-1/2		7664		810				
--	2-3/8		7383		--				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1-10-76	Date of Test 1-25-76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs.	Tubing Pressure 1050 psig.	Casing Pressure 1300 psig.	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 142	Water-Bbls. -0-	Gas-MCF 1,385

Need to have plot - Dec. 612

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

For: Odessa Natural Corporation

Ewell N. Walsh, P.E., President
Walsh Engr. & Prod. Corp.

(Title)

February 2, 1976

(Date)

OIL CONSERVATION COMMISSION

FEB 4 1976

APPROVED _____, 19

BY

SUPERVISOR DIST. #3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.