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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 1-1-85

B.K.

I. Operator
Odessa Natural Corporation
Address
P. O. Box 3908 Odessa, Texas 79760
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Joint Venture "KD"	Well No. 1	Pool Name, including Formation Chacon Dakota Associated Oil Pool	Kind of Lease Jicarilla State, Federal or Fee Apache	Lease No. None
Location Unit Letter P : 900 Feet From The South Line and 800 Feet From The East Line of Section 4 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108 Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input 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, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 4	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)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-28-77	Date Compl. Ready to Prod. 8-28-77	Total Depth 7709'			P.B.T.D. 7600'			
Elevations (DF, RKB, RT, GR, etc.) 7310'KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7336'			Tubing Depth 7384'		
Perforations 7336-7386 and 7454'-7478'						Depth Casing Shoe 7708'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4"	8 5/8"		260'			250		
7 7/8"	4 1/2"		7708'			800		
	2 3/8"		7384'					

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 9-2-77	Date of Test 9-6-77	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 1450	Casing Pressure 1600	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 120	Water - Bbls. -0-	Gas - MCF 1,400

Shut In Pressure, Tbg.-2200 psig, Csg.-2350 psig

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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, (Signature) President
Walsh Engineering & Production Corp. (Title)

9-8-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 only Sections I, II, III, and VI 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.