Sin OF Contre #4 ()	!	1 !	e
01341000110)11		
SAULATE		1	
1 1L C		1	سد
U.1.G.5.			
LAND OFFICE			
I RANSPORTER	OIL	1	
	GAS	1	
OPERATOR		2	
PROPATION OFFICE		1	
Ciperator			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110
Effective 1-1-65
•
•
,
Jicarilla NONE No.
West
rriba County
copy of this form is to be sent) New Mexico 87413 copy of this form is to be sent)
, New Mexico 87401
Plug Back Same Res'v. Diff. Res'v.
P.B.T.D.
Tubing Depth
Depth Casing Shoe
SACKS CEMENT
d must be equal to or exceed top allow-
etc.)
Choke Size
Gas-MCF
Gravity of Condensate

SANTATE /	REQUES'	T FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-55	
U.C.G.5.	, AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G			
LAND OFFICE		•		
TRANSPORTER GAS /		•		
OPEHATOR 2				
PROPATION OFFICE			9	
ODESSA NATURAL CORPO	ORATION Attn: Joh	nn Strojek		
P. O. Box 3908	Odessa, Texas 79760	•	•	
Reason(s) for filing (Check proper t		Other (Please explain)		
New Well Frecompletion	Change in Transporter of: Cil X Dry	Gas		
Change in Ownership		densate		
If change of ownership give name	•			
and address of previous owner			,	
Lease Name Jicarilla	D LEASE Well No.; Pool Name, Including	Formation Kind of Le	case Jicarilla NONE No.	
Joint Venture "KD"	3 Chacon Dakot	a Associated State, Fed	eral or Fee Apache	
Location D	790 North	790	West	
Unit Letter;;	Feet From TheL	Ine and Feet its	om The	
Line of Section . 3	Township 23N Range	3₩ , _{NMPM} , ·Ri	o Arriba County	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL O	GAS		
Nome of Authorized Transporter of Plateau, Inc.	Oil X or Condensate	Address (Give address to which ap	proved copy of this form is to be sent) Tield, New Mexico 87413	
Name of Authorized Transporter of	Casinghead Gas or Dry Gas		proved copy of this form is to be sent)	
El Paso Natural Gas	Company		ton, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 3 23N 3W	Is gas actually connected? YES	wnen	
	with that from any other lease or poo	I, give commingling order number:		
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Comple	tion – (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth	
Perforations		.1	Depth Casing Shoe	
Periordions				
		ND CEMENTING RECORD DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEF TH SET		
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	depth or be for full 24 hours) Producing Method (Flow, pump, ga	s lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF	
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	
		011 001155	ACTION COMMISSION	
I. CERTIFICATE OF COMPLIANCE		li .	OIL CONSERVATION COMMISSION	
I hereby certify that the rules ar	nd regulations of the Oil Conservation	APPROVED	<u> </u>	
Commission have been compiler	d with and that the information give the best of my knowledge and belie	f. By Origina Co.	THE HAVET	
for: odessa natural ORIO		TITLE		
ORIC	GINAL SIGNED BY	H	to compliance with Bill F 1504.	

testing method (buot) park buy	
ERTIFICATE OF COMPLIAN	CE
ammission have been complied	regulations of the Oil Conservation with and that the information give e best of my knowledge and belief
	CORPORATION NAL SIGNED BY LL N. WALSH
Ewell N. Walsh, P. HSur Walsh Engineering &	
(1)	iile)
1/15/80	
1 i	410)

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 mult ply completed weight.