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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 Att: John Strojek
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.	6	Pool Name, Including Formation	Chacon Dakota Associated Pool	Kind of Lease	Jicarilla Joint Venture Indian	Lease No.	
Location	Unit Letter J ; 1850 Feet From The South Line and 1850 Feet From The East Line of Section 3 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, 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 J	Sec. 3	Twp. 23N	Rge. 3W	Is gas actually connected? When No 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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10-28-77	1-4-78		7575'		7480'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
7165' KB	Dakota		7178		7216'			
Perforations					Depth Casing Shoe			
7178'-7224', 7236'-7241', 1 per foot, 7292'-7316', 2 per foot					7526			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		247		250			
7-7/8	4-1/2		7526		500			
	2-3/8		7480					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-21-78	2-6-78	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	75 psig	100 psig	3/4" 11078
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	53	-0-	25 11078

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, PE (Signature)

President, Walsh Engineering & Prod. Corp.

2-28-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #3

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

If this is a request for allowable for a newly drilled or deepener 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 multiple completed wells.