

NEW MEXICO OIL CONSERVATION COMMISSION  
Form C-104  
Supersedes O&C-104 and C-105  
Effective 1-1-75

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

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

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Jicarilla Joint Venture  
Lease Name  
Well No. Pool Name, including Formation  
Kind of Lease  
Jicarilla  
State, Federal or Fee  
Apache  
Location  
Unit Letter  
M  
790' Feet From The  
South Line and  
890' Feet From The  
West  
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 ☐ or Condensate ☐  
None  
Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
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  
Sec.  
Twp.  
Rge.  
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 Gas Well New Well Workover Deepen Plug Back Same Rest'v. Diff. Rest'v.  
Date Spudded  
6-19-78  
Date Compl. Ready to Prod.  
6-27-78  
Total Depth  
3301'  
Elevations (DF, RAB, RT, GR, etc.)  
7261' K.B.  
Name of Producing Formation  
Pictured Cliffs  
Top Oil/Gas Pay  
3072'  
Tubing Depth  
3066'  
Perforations  
Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
12-1/4 8-5/8" 134 125  
7-7/8 7-7/8" 3294' 265  
1-1/4" 3066

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.)  
Length of Test  
Tubing Pressure  
Casing Pressure  
Choke Size  
Actual Prod. During Test  
Oil-Bbls.  
Water-Bbls.  
Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D  
3/4"-1,385 CAOF-1,975  
Length of Test  
3 hrs.  
Testing Method (pilot, back pr.)  
Back Pressure  
Tubing Pressure (Shut-in)  
950 psig  
Bbls. Condensate/MMCF  
-----  
Casing Pressure (Shut-in)  
950 psig  
Gravity of Condensate  
-----  
Choke Size  
3/4"

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) P.E., President  
Walsh Engineering & Production Corp.  
(Title)  
7-25-78  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED  
10/10/78  
BY  
Original (Printed Name)  
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.