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

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

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Jicarilla Joint Venture "PC"** Well No: **108** Pool Name, including Formation: **Ballard Pictured Cliffs** Kind of Lease: **Jicarilla Apache** **Jicarilla Joint Venture**
Location
Unit Letter **0** **990'** 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 ☐ 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 Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 990 Farmington, New Mexico
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 7/21/78	Date Compl. Ready to Prod. 8/2/78	Total Depth 3220'	P.B.T.D. 3155'					
Elevations (DF, RKB, RT, CR, etc.) 7177' KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3010'	Tubing Depth 3003'					
Perforations 3010'-3016', 3022'-3026', 3033'-3037', & 3040'-3048'			Depth Casing Shoe 3201'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8	140'	125					
7-7/8	7-7/8	3201'	190					
	1-1/4"	3003'						

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 8/4"-519 CAOF-638	Length of Test 3 hrs.	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 875 Psig	Casing Pressure (shut-in) 875 Psig	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, P.E. President
Walsh Engineering & Prod. Corp.

8/30/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 5 1978**, 19

Original Signed by **E. R. Kendrick**
BY

TITLE **SUPERVISOR DIST. #2**

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.