

DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-039-21989

Operator ODESSA NATURAL CORPORATION		Attn: John Strojek	
Address P.O. Box 3908 Odessa, Texas 79760			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Contract	
Lease Name Chacon Jicarilla "D"	Well No. 14	Pool Name, Including Formation Chacon Dakota Associated	Kind of Lease Jicarilla Apache
Location Unit Letter B ; 790 Feet From The North Line and 1850 Feet From The East		Lease No. No. 413	
Line of Section 15 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 489, Bloomfield, N.M. 87413		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	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 B	Sec. 15	Twp. 23N
			Pge. 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 5/22/79	Date Compl. Ready to Prod. 6/12/79	Total Depth 7700'	P.B.T.D. 7552'
Elevations (DF, RAB, RT, CR, etc.) 7316' KB.	Name of Producing Formation Dakota	Top Oil/Gas Pay 7280'	Tubing Depth 7322'
Perforations 7280'-7296', 7300'-7324', 7329'-7339', 7400'-7412'		Depth Casing Shoe 7602'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8"	289'	250 sacks
7-7/8	4-1/2"	7602'	630 sacks
	2-3/8"	7322'	

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 6/18/79	Date of Test 6/22/79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 200 psig	Casing Pressure 690 psig	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 100	Water-Bbls. -0-	Gas-MCF 700

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED JUL 27 1979	
FOR: ODESSA NATURAL CORPORATION		Original Signed by A. R. Kendrick	
Ewell N. Walsh, P.E. (Signature) President Walsh Engineering & Production Corp.		BY SUPERVISOR DISTRICT # 3	
6/27/79 (Date)		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 recompleted wells.	