

APPLICATION TO TRANSPORT OIL AND NATURAL GAS

B.K.

1. Operator <b>ODESSA NATURAL CORPORATION</b>		Attn: John Strojek	
Address <b>P. O. Box 3908 Odessa, Texas 79760</b>			
Proposed by (Name of Applicant)	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 Lease <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

Lease Name <b>Jicarilla</b>	Well No. <b>10</b>	Pool Name, including Formation <b>Chacon Dakota Associated</b>	Kind of Lease <b>Jicarilla</b>	Lease No. <b>None</b>
Location Joint Venture "RD"				
Unit Letter <b>L</b>	<b>1850</b>	Feet From The <b>South</b> Line and <b>790</b>	Feet From The <b>West</b>	
Line of Section <b>3</b>	Township <b>23N</b>	Range <b>3W</b>	, NMPM, <b>Rio Arriba</b> 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"/> <b>Giant Refining Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Petroleum Plaza Building - Suite 238 3535 E. 30th Street, Farmington, N.M. 87401</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 990, Farmington, New Mexico 87401</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>3</b>
	Twp. <b>23N</b>	Rge. <b>3W</b>
	Is gas actually connected? <b>No</b>	When <b>Unknown</b>

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 <b>3/18/80</b>	Date Compl. Ready to Prod. <b>5/22/80</b>		Total Depth <b>7640'</b>		P.B.T.D. <b>7502'</b>			
Elevations (DF, RKB, RT, CR, etc.) <b>7242' KB</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>7279'</b>		Tubing Depth <b>7540'</b>			
Perforations <b>7279'-7317'; 7320'-7335'; 7397'-7414'</b>					Depth Casing Shoe <b>7310'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8"</b>		<b>276'</b>		<b>275</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>7640'</b>		<b>750</b>			
	<b>2-3/8"</b>		<b>7310'</b>					

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 <b>5/27/80</b>	Date of Test <b>6/4/80</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure <b>150 psig</b>	Casing Pressure <b>1600 psig</b>	Choke Size <b>3/4"</b>
Actual Prod. During Test	Oil-Bbls. <b>47</b>	Water-Bbls. <b>-0-</b>	Gas-MCF <b>200</b>

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

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  
ORIGINAL SIGNED BY  
EWELL N. WALSH

Ewell N. Walsh, P.E. (Signature) President  
Walsh Engineering & Production Corp.  
(Title)

6/5/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 6 1980**, 19

BY **Original Signed by FRANK T. CHAVEZ**

TITLE **SUPERVISOR DISTRICT #1**

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 multiple completed wells.