

NO. OF COPIES RECEIVED	6
DISTRIBUTION	
SANITARY	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	
PRODUCTION OFFICE	

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 1-1-65

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 type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective March 1, 1980	

If change of ownership give name and address of previous owner _____

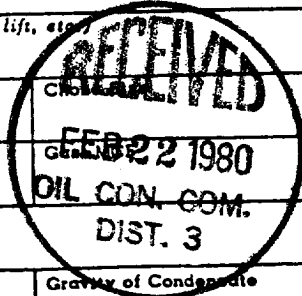
II. DESCRIPTION OF WELL AND LEASE		Jicarilla	
Lease Name Jicarilla	Well No. 7	Pool Name, Including Formation Chacon Dakota Associated	Kind of Lease Jicarilla
Joint Venture "KD"			State, Federal or Fee Apache
Location		Lease No. Joint Vt	
Unit Letter A	850	Feet From The North	Line and 790
Line of Section 4		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"/>	Address (Give address to which approved copy of this form is to be sent)		
Giant Refining Company	Petroleum Plaza Bldg. Suite 238		
	3535 E. 30th Street, Farmington, N.M. 87401		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company	P.O. Box 990 Farmington, N.M. 87401		
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 4	Twp. 23N
			Rge. 3W
			Is gas actually connected? NO
			When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			



GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
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)	
2/20/80	(Date)

OIL CONSERVATION COMMISSION FEB 22 1980	
APPROVED _____, 19 _____	
BY Original Signed by FRANK J. CHAVEZ	
TITLE SUPERVISOR DISTRICT # 3	
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.	