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LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	
PRORATION 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

B.K.

I. Operator  
Odessa Natural Corporation

Address  
PO Box 3908, Odessa, Texas 79760

Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Jicarilla "D"	Well No. 6	Pool Name, including Formation Chacon Dakota	Kind of Lease Jicarilla State, Federal or Fee Indian	Lease No. cont. 183
Location Unit Letter I ; 2310 Feet From The South Line and 330 Feet From The East Line of Section 21 Township 23N Range 3W, NMPM, Sandoval 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) PO Box 108, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 21	Twp. 23N	Rge. 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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-19-76	Date Compl. Ready to Prod. 11-22-76	Total Depth 7636'	P.B.T.D. 7516'					
Elevations (DF, RKB, RT, GR, etc.) 7368' GR, 7382' DF, 7383' KB.	Name of Producing Formation Dakota	Top Oil/Gas Pay 7264'	Tubing Depth 7333'					
Perforations			Depth Casing Shoe 7585'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8-5/8"	279'	200					
7-7/8	4 1/2"	7585'	525					
	2-3/8"	7333'						

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 11-24-76	Date of Test 12-5-76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 140 psig	Casing Pressure 375 psig	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 50	Water - Bbls. -0-	Gas - MCF 720

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size 19/76

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, PE (Signature) President, Walsh Engineering & Prod. Corp.

December 6, 1976

(Date)

OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DIST. #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.