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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 1-1-85

B.K.

I. Operator
Odessa Natural Corporation
Address
P.O. Box 3908, Odessa, Texas 79760 Att: John Strojek
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 Contract No.
Lease Name Chacon Jicarilla "D" Well No. 10 Pool Name, Including Formation Chacon Dakota Associated Kind of Lease Jicarilla State, Federal or Fee Indian 183
Location
Unit Letter I ; 1700 Feet From The South Line and 790 Feet From The East
Line of Section 27 Township 23N Range 3W , NMPM, Sandoval County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc. P.O. Box 108, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co. P.O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit I Sec. 27 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 X Gas Well New Well X Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 12-2-77 Date Compl. Ready to Prod. 2-22-78 Total Depth 7,520' P.B.T.D. 7,387'
Elevations (DF, RKB, RT, GR, etc.) 7,315'KB Name of Producing Formation Dakota Top Oil/Gas Pay 7,118' Tubing Depth 7,143'
Perforations 7,118'-7,156', 7,222'-7,230', & 7,234'-7,248' Depth Casing Shoe 7,450'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 8 5/8" 270 250
7 7/8" 4 1/2" 7,450 600
2 3/8" 7,143

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.)	
3-31-78	4-11-78	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	975 psig.	1,700 psig.	3/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas-MCF
	75	-0-	800

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

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. Corporation (Title)

April 13, 1978 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Original Signature _____

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 completed wells.