HD. OF CAPITA BECK	15		
DISTRIBUTE		l <u> </u>	
SANTAFE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	1	
OPERATOR	j		
PROPATION OF			

:	SANTATE	REQUEST FOR ALLOWABLE						Poim C+104 Supersedes Old C+104 and C+1			
	FILE /	AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
	U.S.G.S.	. AUI	HORIZATIO	או טואל	ANZHORT C	IIL AND NA	TURAL G	AS			
	TRANSPORTER OIL										
	OPERATOR	1				•					
ı.	PROPATION OFFICE	<u> </u>	•								
	Operator ODESSA NATURAL	CORPORA	ATION	Α	ttn: Jo	hn Stro	iek				
	Address										
	P. O. BOX 3908 Reason(s) for filing (Check proper box		Odessa,	Texas	79760	her (Please e:	rolaini		· · · · · · · · · · · · · · · · · · ·		
	New Well		e in Transporte	er of:		ffectiv	. ,	arv 1.	1980		
	Recompletion	Cil	X Thead Gas	Dry Ga Conder	* HI	·	e vana	ary r,	1300		
	Change in Ownership	Casing	neda Gas	Conoci						<del></del>	
	If change of ownership give name and address of previous owner	•							<del></del>		
11.	DESCRIPTION OF WELL AND	LEASE							C	Contract	
	Lease Name	Well N	Chacor		a Assoc	1	ind of Lease	υ±Ca.	rilla	Lease No. 183	
	Chacon Jicarilla "I	1 12		- Daxoc	u Abbot	Ta ced   5.		11	ndian	<del></del>	
	Unit Letter I : 18	Feet F	From The SOL	uthLin	e and	790	Feet From T	he E	ast		
	Line of Section 28. To	vnship	23N	Range	3W	, NMPM,	· Sa	ndoval		County	
		<del></del>									
. 111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF O	IL AND NAT		S Addiess (Gir	m Plaza	υλίς λαρριοχ	ed copy of al	is form is to	be sent)	
	Giant Refinery, In	c.	in the state of th	<u> </u>	3535 E.	JUEN SEE	eet, ra	mungtor	1, N.M.	8/401	
	Name of Authorized Transporter of Car	singhead Gas		Gas	Address (Gir	e address to i	uhich approv	ed copy of th	is form is to	be sent)	
	If well produces oil or liquids,	Unit S	Sec. Twp.		ls gas actua	lly connected?	Whe	n	<del> </del>		
	give location of tanks.	<del></del>		N 3W	<u> </u>	es	l		<del></del>		
	If this production is commingled with COMPLETION DATA	th that from	any other les	ase or pool,	give commin	gling order n	пшрет: ——	······			
	Designate Type of Completic	on - (X)		Gas Well	New Well	Workover	Deepen	Plug Back	Same Resty	Diff. Restv.	
	Date Spudded		l. Ready to Pro	d.	Total Depth	<u>.</u>		P.B.T.D.	<u>i</u>	_i	
						· <u>_</u>	<del></del>		A.		
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing*Formation  Perforations							Tubing Depth			
								Depth Casing Shoe			
			TUBING C	ASING. AND	CEMENTIN	G RECORD		<u> </u>	<del> </del>	<del> </del>	
i	HOLE SIZE	CASI	NG & TUBING		T .	DEPTH SET		S	ACKS CEME	NT	
•		<del> </del>							<del></del>	<del></del>	
		<u>                                     </u>					·				
į					<u>i</u>					and the eller	
V.	TEST DATA AND REQUEST FOOL, WELL	OR ALLOW			pth or be for f	ull 24 hours)	·		19001 10 07 41	eeed top allow	
ĺ	Date First New Oil Run To Tanks	Date of Tes	BL		Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size		
	Actual Prod. During Test	cural Prod. During Test Oil-Bbls.			Water - Bbis.			Gas+MCF	Gas-MCF •		
	Actual Prod. During 1991	0							<u> </u>	*	
			-					l ne	<b>c2</b> 8 197	9	
. (	GAS WELL Actual Prod. Teet-MCF/D	Length of 7	Γ <b>ee</b> t		Bble. Conde	negte/MMCF		deanly of	CON. CO	vi. 1	
	:		7-2-4		Coolea Pres	ewe (Shut-i	<u> </u>	Chor Size	DIST: 3		
	Testing Method (pitot, back pr.)	Tubing Pre	sawe (Shut-1	La J	Casing Pres	eme (Bude-1	-,	Cho Sin			
VI.	CERTIFICATE OF COMPLIAN	CE				OIL CO	NSERVA	TION CO	MMISSION	!	
	I hereby certify that the rules and regulations of the Oil Conservation			APPROVED DEC 28 1979 . 19							
	Commission have been complied t	vith and the	at the informa	ation given	BY	Original Si	gned by CH	ARLES GHO	LSON		
	FOR: ODESSA NATURAL CORPORATION ORIGINAL SIGNED BY EWELL N. WALS!				TITLE DEPUT: Oil & As in Party DIST #?  This form is to be filed in compliance with RULE 1104.  If this is a sequent for allowable for a newly drilled or despendent						
-	Ewell N. Walsh (Signature) P.E.			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.  All sections of this form must be filled out completely for allow shie 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.							
•	President, Walsh Engr. & Prod. Corp. (Tille)  12/27/79 (Date)										
•											
	•	, ·			completed	, wells.	•				