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TRANSPORTER	OIL GAS
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

312

Operator ODESSA NATURAL CORPORATION	
Address P. O. Box 3908 Odessa, Texas 79760	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

Lease Name Chacon Jicarilla "D"		Well No. 18	Pool Name, including Formation Chacon Dakota Associated	Kind of Lease Jicarilla State, Federal or Fee Apache	Lease No. Contract No. 183
Location Unit Letter K ; 1850 Feet From The South Line and 1850 Feet From The West					
Line of Section 22 Township 23N Range 3W , NMPM, Sandoval County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, N.M. 87401			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, N.M. 87401			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 22	Twp. 23N	Rge. 3W	Is gas actually connected? When No Unknown

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
(X)		X		X					
Date Spudded 8/30/80	Date Compl. Ready to Prod. 9/25/80	Total Depth 7710'		P.B.T.D. 7620'					
Elevations (DF, RKB, RT, GR, etc.) 7474'KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 7349'		Tubing Depth 7339'					
Perforations 7349'-7387'; 7418'-7421'; 7459'-7461'; 7464'-7479'		Depth Casing Shoe 7351'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4"	8-5/8"	247'		250					
7-7/8"	4-1/2"	7681'		600					
	2-3/8"	7339'							

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 9/27/80	Date of Test 9/29/80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 200 psig	Casing Pressure 700 psig	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 80	Water - Bbls. -0-	Gas - MCF 650

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)

9/30/80
(Date)

OIL CONSERVATION COMMISSION

OCT 3 1980

APPROVED
Original Signed by CHARLES GHOLSON

BY _____

TITLE DEPUTY OIL & GAS INSPECTOR, 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.