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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-111
Effective 1-1-65

B.R.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Jicarilla "D"	Well No. 19	Pool Name, including Formation Chacon Dakota Associated	Kind of Lease Jicarilla	Lease No. Contract No. 183
Location Unit Letter A : 790 Feet From The North Line and 990 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 <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 A	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:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7/13/80	Date Compl. Ready to Prod. 9/4/80		Total Depth 7620'		P.B.T.D. 7508'			
Elevations (DF, RKB, RT, GR, etc.) 7396' KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7252'		Tubing Depth 7508'			
Perforations 7252'-7295'; 7365'-7386'					Depth Casing Shoe 7248'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		261'		550			
7-7/8"	4-1/2"		7594'		175			
	2-3/8"		7248'					

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

Date First New Oil Run To Tanks 9/16/80	Date of Test 9/17/80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 450 psig	Casing Pressure 1100 psig	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 95	Water - Bbls. -0-	Gas - MCF 175

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.

9/17/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT #3

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 all wells 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 multiple completed wells.