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U.S.G.S.	
LAND OFFICE	
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

I. Operator
 El Paso Exploration Company

Address
 1800 Wilco Building, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well: Change in Transporter of:
 Oil: Dry Gas:
 Recompletion: Oil: Casinghead Gas: Condensate:
 Change in Ownership:

If change of ownership give name and address of previous owner: Odessa Natural Corporation - P. O. Box 3908 - Odessa, Texas 79760

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Little Federal 29	NM-28713	1	Chacon Dakota Associated	State, Federal or Fee Federal
Location				
Unit Letter		Feet From The	Line and	Feet From The
F	1850	North	1675	West
Line of Section	Township	Range	N.M.P.M.	County
29	24N	3W		Rio Arriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
 Giant Refining Company
 Address (Give address to which approved copy of this form is to be sent)
 Petroleum Plaza Bldg. Suite 238
 3535 E. 30th Street--Farmington, N. M. 87401

Name of Authorized Transporter of Casinghead Gas or Dry Gas
 El Paso Natural Gas Company
 Address (Give address to which approved copy of this form is to be sent)
 P. O. Box 1492 (Attn: Prod. Control)
 El Paso, Texas 79978

If well produces oil or liquids, give location of tanks. Unit: F Sec: 29 Twp: 24N Rge: 3W Is gas actually connected? Yes When: 12-03-78

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

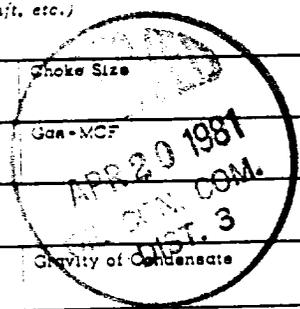
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

[Signature]
 Supervisor, Production Records
April 1, 1981
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY _____
 TITLE _____
 SUPERVISOR DISTRICT # 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.

