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FILE
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-105
Effective 1-1-65

B.K.

Operator
ODESSA NATURAL CORPORATION Attn: John Strojek
Address
P.O. Box 3908 Odessa, Texas 79760
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE
Lease Name Shipley Well No. 2 Pool Name, including Formation Chacon Dakota Associated Kind of Lease State, Federal or Fee Fee Lease No.
Location
Unit Letter G 1840 Feet From The North Line and 1840 Feet From The East
Line of Section 33 Township 24N Range 3W, NMPM, Rio Arriba County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Plateau, Inc. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 108 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 990 Farmington, N.M. 87401
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
G 33 24N 3W No 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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
XX
Date Spudded 8/14/78 Date Compl. Ready to Prod. 9/29/78 Total Depth 7516' P.B.T.D. 7444'
Elevations (DF, RKB, RT, GR, etc.) 7064' K.B. Name of Producing Formation Dakota Top Oil/Gas Pay 7164' Tubing Depth 7059'
Perforations 7164'-7217', 7283'-7295' Depth Casing Shoe 7494'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 8-5/8" 328' 350 sacks
7-7/8" 4-1/2" 7494' 860 sacks
2-3/8" 7059'

VI. 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 10/22/78 Date of Test 10/24/78 Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 24 hours Tubing Pressure 1400 psig Casing Pressure 2000 psig Choke Size 3/4"
Actual Prod. During Test Oil-Bble. 180 Water-Bble. -0- Gas-MCF 1,000

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bble. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VII. 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 & Production Corp. (Title)
11/14/78 (Date)

OIL CONSERVATION COMMISSION
APPROVED NOV 16 1978, 19
Original Signed By A. R. Hendrick
BY
TITLE SUPERVISOR 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.