

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
DISTRIBUTION		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
SANTA FE		AND		Effective 1-1-65	
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER					
OIL					
GAS					
OPERATOR					
PROPRATION OFFICE					
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 <input type="checkbox"/>				Effective January 1, 1980	
Recompletion <input type="checkbox"/>					
Change In Ownership <input type="checkbox"/>					
Change In Transporter of:					
Oil <input checked="" type="checkbox"/>				Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>				Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
Shipley		2		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					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/>		or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Giant Refinery, Inc.				Petroleum Plaza Bldg. Suite 238	
				3535 E. 30th Street, Farmington, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>		or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
		G		33	
		Twp.		Rge.	
		24N		3W	
		Is gas actually connected?		When	
		Yes			
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well		Gas Well	
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	
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	
				DEC 28 1979	
				OIL CON. COM.	
				DIST. 3	
				Choke Size	
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	
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 (Signature) P.E.					
President, Walsh Engr. & Prod. Corp.					
12/27/79					
(Date)					
OIL CONSERVATION COMMISSION					
APPROVED DEC 28 1979					
BY Original Signed by CHARLES GHOLSON					
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.					