

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.K.

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	Well No.	Pool Name, including Formation	Kind of Lease
Little Federal 29	3	Chacon Dakota Associated	State, Federal or Fee Federal
			N.M. No. 28713
Location			
Unit Letter L	1650'	Feet From The South	Line and 790'
		Feet From The West	
Line of Section 29	Township 24N	Range 3W	NMPM, Rio Arriba 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc		P.O. Box 108 - Farmington, N.M.	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company		P.O. Box 990 - Farmington, N.M.	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 29	Twp. 24N
			Pge. 3W
			Is gas actually connected? No
			When Unknown

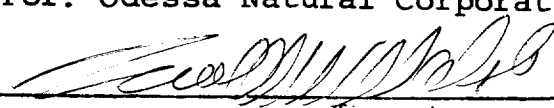
If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.	
Date Spudded 5-1-78	Date Compl. Ready to Prod. 6-2-78	Total Depth 7604'	P.B.T.D. 7500'						
Elevations (DF, RKB, RT, GR, etc.) 7091' K.B.	Name of Producing Formation Dakota	Top Oil/Gas Pay 7280	Tubing Depth 7265'						
Perforations 7234' - 7364'			Depth Casing Shoe 7549'						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
12-1/4"	8-5/8"	382'	400						
7-7/8"	4-1/2"	7549'	950						
	2-3/8"	7265'							

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 6-8-78	Date of Test 6-13-78	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 1375	Casing Pressure 2125	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 324	Water - Bbls. -0-	Gas - MCF 640

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	
	
(Signature)	
Ewell N. Walsh, P.E.	
(Title)	
President, Walsh Engineering & Prod. Corp.	
(Date)	
May 26, 1978	

OIL CONSERVATION COMMISSION	
JUN 28 1978	
APPROVED _____, 19 _____	
Original Signed by A. R. Kendrick	
BY _____	
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 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.	