

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

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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-105
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Operator
Odessa Natural Corporation

Address
P.O. Box 3908 Odessa, Texas 79760 Att: **John Strojek**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name ARCO Little Federal 32	Well No. 3	Pool Name, including Formation Chacon Dakota Associated	Kind of Lease Federal State, Federal or Free	Lease No. NM 02402
Location Unit Letter K ; 1850 Feet From The South Line and 1850 Feet From The West Line of Section 32 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702 Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 32	Twp. 24N	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 6-20-78	Date Compl. Ready to Prod. 7-16-78		Total Depth 7551'		P.B.T.D. 7466'			
Elevations (DF, RKB, RT, GR, etc.) 7045' KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7198'		Tubing Depth 7102'			
Perforations 7276' -7310', 7315' -7329', & 7391'-7405'					Depth Casing Shoe 7616'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		364'		350			
7-7/8"	4-1/2"		7616'		750			

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 7-19-78	Date of Test 7-25-78	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 1500 psig	Casing Pressure 2000 psig	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 55	Water-Bbls. -0-	Gas-MCF 802

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**

Ewell N. Walsh, P.E.
President, Walsh Engin. & Prod. Corp.
(Title)

August 16, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **Original Signature**

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.