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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	2
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-039-21952

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 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 Mobil Federal 34	Well No. 1	Pool Name, Including Formation Chacon Dakota Associated	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078915
Location Unit Letter M ; 790 Feet From The South Line and 790 Feet From The West Line of Section 34 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"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 M	Sec. 34	Twp. 23	Rge. 3W
	Is gas actually connected?		When	
	No		Unknown	

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/9/78	Date Compl. Ready to Prod. 1-5-79		Total Depth 7617		P.B.T.D. 7463			
Elevations (DF, RKB, RT, GR, etc.) 7106'KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7158		Tubing Depth 7209			
Perforations					Depth Casing Shoe 7529			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		356		350			
7-7/8"	4-1/2"		7529		585			
	2-3/8"		7209					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 1-13-77	Date of Test 1-23-79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 690 psig	Casing Pressure 1300 psig	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 113	Water-Bbls. -0-	Gas-MCF 690

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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  
(Ewell N. Walsh, (Signature) P.E. President)  
Walsh Engineering & Prod. Corp.  
(Title)

Feb. 12, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 15 1979, 19

BY Original Signed by A. R. Kendrick

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.