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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-110

Effective 1-1-65

Operator

Odessa Natural Corporation

Address

P. O. Box 3908, Odessa, Texas 79760

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Shipley

Well No.

3

Pool Name, including Formation

Undesignated P.C.

Kind of Lease

State, Federal or Fee

Fee

Lease No.

Location

Unit Letter

A

Feet From The

790

North

Line and

790

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

Name of Authorized Transporter of Casinghead 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?

No

When

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

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

Date Spudded

6/4/80

Date Compl. Ready to Prod.

7/25/80

Total Depth

4040

P.B.T.D.

3778

Elevations (DF, RKB, RT, GR, etc.)

7004'GR, 7018'RKB

Name of Producing Formation

Pictured Cliffs

Top Oil/Gas Pay

2966

Tubing Depth

2968

Perforations

Depth Casing Shoe

4034

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

12 1/4"

8 5/8"

334'

350

7 7/8"

4 1/2"

4034'

578

1 1/4"

2968'

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

3/4"-1502CAOF-1502

3 hours

-

-

Testing Method (pitot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

Back Pressure

975

1000

3/4"

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

DEWAYNE BLANCETT, Production Foreman

Walsh Engineering & Production Corporation

8/12/80

OIL CONSERVATION COMMISSION

APPROVED

Original Signed by FRANK T. CHAVEZ

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.