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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)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner 1088 Lincoln Tower Building
SKELLY OIL COMPANY, 1860 Lincoln St., Denver, Colorado 80203

II. DESCRIPTION OF WELL AND LEASE

Lease Name BROOKHAVEN A	Well No. 2-A	Pool Name, Including Formation East Bisti - Lower Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. 078621
Location Unit Letter 0 ; 790 Feet From The South Line and 1650 Feet From The East Line of Section 29 Township 25N Range 10W , NMPM, San Juan 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) P. O. Box 1702, Farmington, New Mexico 87401					
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) P. O. Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 29	Twp. 25N	Rge. 10W	Is gas actually connected? Yes	When Approx. 1960

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5/5/57	Date Compl. Ready to Prod. 5/21/57	Total Depth 5350'	COTD 5307'					
Elevations (DF, RKB, RT, GR, etc.) GR 6716', KB 6726'	Name of Producing Formation Gallup	Top Oil/Gas Pay 5241'	Tubing Depth 5291'					
Perforations 5241-5260' & 5269-5286'	4 JSPF	Depth Casing Shoe 5350'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4" OD	10-3/4" OD	160'	150					
8-3/4" OD	5-1/2" OD	5350'	300					

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 12/7/71	Date of Test 12/11/71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure 40	Choke Size -
Actual Prod. During Test 63	Oil - Bbls. 62	Water - Bbls. 1	Gas - MCF 17

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

John J. Strojek
JOHN J. STROJEK/so (Signature)
MANAGER - PRODUCTION DEPARTMENT
(Title)
December 13, 1971
(Date)

OIL CON. COM.
DIST. 3
APPROVED DEC 15 1971, 19
BY Original Signed by Emery G. Arnold
SUPERVISOR DIST. #3
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.