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| LAND OFFICE | | |
| TRANSPORTER | OIL | 1 |
| | GAS | 1 |
| OPERATOR | | |
| PRORATION 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) | | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Recompletion <input type="checkbox"/> | | |
| Change in Ownership <input type="checkbox"/> | | |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------|--|--|-----------------------|
| Lease Name Gulf Little Federal 25 | Well No. 1-5 | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal | Lease No. NM 23064 |
| Location Unit Letter A ; 1140 Feet From The North Line and 1080 Feet From The East Line of Section 25 Township 25N Range 10W , NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|------|------|------|----------------------------------|-----------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, N.M. 87401 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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 | Sec. | Twp. | Rge. | Is gas actually connected? NO | When 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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | XX | XX | | | | | |
| Date Spudded 7-12-77 | Date Compl. Ready to Prod. 8-2-77 | Total Depth 6538' | P.B.T.D. 6496' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6711' KB | Name of Producing Formation Dakota | Top Oil/Gas Pay 6348' | Tubing Depth 6367' | | | | | |
| Perforations 6348'-6356' and 6370'-6380' | | | Depth Casing Shoe 6539' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 12 1/4" | CASING & TUBING SIZE 8-5/8" | DEPTH SET 300 | SACKS CEMENT 275 | | | | | |
| 7-7/8" | 4 1/2" | 6539 | 1075 | | | | | |
| | 2-7/8" | 6367' | | | | | | |

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 | 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 Flowing Pressure Tbg-95psig, Csg-575psig

| | | | |
|---|--|--|-------------------------------|
| Actual Prod. Test-MCF/D 3/4 4323, CAOF 1470 | Length of Test 3 hrs | Bbls. Condensate/MMCF ---- | Gravity of Condensate ---- |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (shut-in) 1610 psig | Casing Pressure (shut-in) 1550 psig | Choke Size 3/4" |

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


(Signature)

Ewell N. Walsh, P.E., President,

(Title)

Walsh Engineering & Prod. Corp.

(Date)

September 20, 1977

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. 43

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.