

DISTRIBUTION
 STATE
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER
 OIL
 GAS
 OPERATOR
 PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
 ODESSA NATURAL CORPORATION ATT: John Strojek
 Address P.O. Box 3908
 Odessa, Texas 79760
 Reasons 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 Well No. Pool Name, including Formation Kind of Lease Lease No.
 Burroughs State 2-E Basin Dakota State, Federal or Fee State E-3148-7
 Location
 Unit Letter J : 1460 Feet From The South Line and 1460 Feet From The East
 Line of Section 36 Township 26N Range 11W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
 Plateau, Inc. P.O. Box 489, Bloomfield, NM 87413
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
 El Paso Natural Gas Company P.O. Box 990, Farmington, NM 87401
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. 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)
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe
 TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 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.
 ORIGINAL SIGNED BY
 Ewell N. Walsh
 Ewell N. Walsh, President
 Walsh Engineering & Production Corp.
 January 25, 1980

OIL CONSERVATION COMMISSION
 JAN 28 1980
 APPROVED
 BY Original Signed by FRANK T. CHAVEZ
 TITLE SUPERVISOR DISTRICT # 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.