

DISTRIBUTION	
SAITAE	
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

API 30-045-23660

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Burroughs State	Well No. 1-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee State	Lease No. E-3148-7
Location Unit Letter <u>K</u> ; <u>1450</u> Feet From The <u>South</u> Line and <u>1820</u> Feet From The <u>West</u>				
Line of Section <u>36</u> Township <u>26N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> 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"/> 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 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.	Pge.
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 9/11/79	Date Compl. Ready to Prod. 10/4/79	Total Depth 6329'		P.B.T.D. 6268'					
Elevations (DF, RKB, RT, CR, etc.) 6391' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6108'		Tubing Depth 6126'					
Perforations 6108'-6112'; 6139'-6152'; 6160'-6165'; 6205'-6212'				Depth Casing Shoe 6328'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		257'		250 sacks			
7-7/8"		4-1/2"		6328'		1250 sacks			
		2-3/8"		6126'					

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

Actual Prod. Test-MCF/D OWT-1836, CAOF-5926	Length of Test 3 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate --
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1475 psig	Casing Pressure (shut-in) 1240 psig	Choke Size Plate 1-1/4"

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  
ORIGINAL SIGNED BY  
EWELL N. WALSH  
Ewell N. Walsh, P.E. (Signature) President  
Walsh Engineering & Prod. Corp.  
(Title)  
11/8/79  
(Date)

OIL CONSERVATION COMMISSION 050141979	
APPROVED _____, 19____	Original Signed by Ewell N. Walsh
BY _____	DEPUTY OIL CONSERVATION COMMISSIONER #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.	