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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
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

I. Operator
ODESSA NATURAL CORPORATION
Address
P. O. Box 3908, Odessa, Texas 79760
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Little Federal	Well No. 2	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee	Lease No. 28760
Location Unit Letter C ; 1090 Feet From The North Line and 1850 Feet From The West Line of Section 1 Township 30N Range 14W , 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, 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 Co.	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 C	Sec. 1	Twp. 30N	Rge. 14W	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.
		X						
Date Spudded 1-13-77	Date Compl. Ready to Prod. 2-4-77	Total Depth 6550	P.B.T.D. 6522					
Elevations (DF, RKB, RT, GR, etc.) 5877' GR, 5889' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6308	Tubing Depth 6378'					
Perforations 6308-22, 6332-42, 6364-70, 6376-84, 6460-66, 6468-74, 6480-94			Depth Casing Shoe 6549					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8	317	250					
7-7/8	4-1/2	6549	525					
	2-3/8	6378						

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, tubing-240 psig, casing - 895 psig

Actual Prod. Test-MCF/D 3/4"-2,994MCF, CAOF-3,469	Length of Test 3 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2137 psig	Casing Pressure (Shut-in) 2100 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 Corp.


Ewell N. Walsh, P.E., President
Walsh Engineering & Prod. Corp.
(Title)
March 4, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signature of _____

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.