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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

API 30-039-22152

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	Jicarilla	Well No.	7	Pool Name, Including Formation	Chacon Dakota Associated	Kind of Lease	Jicarilla	Lease No.	Jicarilla
	Joint Venture "KD"					State, Federal or Fee	Apache		Joint
Location									
Unit Letter	F	850	Feet From The	North	Line and	790	Feet From The	East	
Line of Section	4	Township	23N	Range	3W	NMPM,	Rio Arriba	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> Plateau, Inc.	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.)		
				P.O. Box 489, Bloomfield, N.M. 87413		
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> El Paso Natural Gas Company	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		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	F	4	23N	3W	NO	87401

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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
10/5/79	1/5/80		7560'			7470'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
7145' KB	Dakota		7328'			7215'		
Perforations						Depth Casing Shoe		
7198'-7250', 7314'-7328'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"	8-5/8"		287'			250 sacks		
7-7/8"	4-1/2"		7561'			720 sacks		
	2-3/8"		7215'					

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.)	
1/7/80	1/11/80	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	640 psig	900 psig	3/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	120	-0-	2,085

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

FOR: ODESSA NATURAL CORPORATION

ORIGINAL SIGNED BY  
EWELL N. WALSH

Ewell N. Walsh, (Signature) P.E. President  
Walsh Engineering & Production Corporation

(Title)

1/15/80

(Date)

OIL CONSERVATION COMMISSION  
JAN 16 1980

APPROVED \_\_\_\_\_, 19

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 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.