

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 30-039-22195

DISTRIBUTION	6
SANITARY	7
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	2
PRODUCTION OFFICE	

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"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead 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			Contract	
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Chacon Jicarilla "D"	15	Chacon Dakota Associated	Jicarilla	No. 412
State, Federal or Fee Apache				
Location				
Unit Letter	C	1850 Feet From The	South Line and	1850 Feet From The
Line of Section	9	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"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Giant Refining Company	Petroleum Plaza Bldg. Suite 238			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	3535 East 30th St. Farmington, N.M. 87401			
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.
	C	9	23N	3W
Is gas actually connected?	When			
No				

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
11/13/79	1/8/80	7725'		7667'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
7373' K.B.	Dakota	7478'		7359'					
Perforations		Depth Casing Shoe		7702'					
7350'-7390', 7404'-7408', 7460'-7478'									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		294'		250 sacks			
7-7/8"		4-1/2"		7716'		710 sacks			
		2-3/8"		7359'					

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.)		
1/12/80	1/25/80	Flowing		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hours	200 psig	1500 psig	3/4"	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
	25	-0-	340	

GAS WELL		Bbls. Condensate/MMCF	
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Choke Size	

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED FEB 1 1980	
FOR: ODESSA NATURAL CORPORATION		BY Original Signed by FRANK T. CHAVEZ	
Dewayne Blanchett (Signature) Production Foreman		TITLE SUPERVISOR DISTRICT # 3	
Walsh Engineering & Production Corporation (Title)		This form is to be filed in compliance with RULE 1104.	
1/29/80 (Date)		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 all wells on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.	
		Separate Forms C-104 must be filed for each pool in multi-completed wells.	