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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

B.K.

I. Operator  
Odessa Natural Corporation  
Address  
P.O. Box 3908, Odessa, Texas 79760 Att: John Strojek  
Reason(s) for filing (Check proper box)  
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 Little Federal 32	Well No. 2	Pool Name, Including Formation Chacon Dakota Associated	Kind of Lease State, Federal or Fee Federal	Lease No. NM 28715
Location Unit Letter 0 ; 790 Feet From The South Line and 1,650 Feet From The East Line of Section 32 Township 24N 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108, Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 32	Twp. 24N	Rge. 3W
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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-18-78	Date Compl. Ready to Prod. 4-11-78		Total Depth 7,577'		P.B.T.D. 7,462'			
Elevations (DF, RKB, RT, GR, etc.) 7,158'KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7,200'		Tubing Depth 7,236'			
Perforations 7,200' to 7,241', 7,252' to 7,262' & 7,320' to 7,334'					Depth Casing Shoe 7,519'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		347'		350			
7 7/8"	4 1/2"		7,519'		750			
	2 3/8"		7,236'					

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 4-19-78	Date of Test 4-27-78	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 1800 psig	Casing Pressure 2000 psig	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 82	Water-Bbls. -0-	Gas-MCF 1,200

Well shut in. Waiting on pipeline

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.  
For: Odessa Natural Corporation

Ewell N. Walsh, (Signature) P.E.  
President, Walsh Engineering & Prod.  
Corp. (Title)  
June 1, 1978 (Date)

OIL CONSERVATION COMMISSION

JUN 2 1978  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
DEPUTY OIL & GAS COMMISSIONER

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 transport or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.