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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

MAY 23 1973

C. C. C.

ARTESIA OFFICE

I. Operator ODESSA NATURAL CORPORATION

Address P. O. Box 3908, Odessa, Texas 79760

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input 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 checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

from Delhi Gas Pipeline Co.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>J. C. WILLIAMSON</u>	<u>1</u>	<u>Indian Basin-Upper Penn.</u>	<u>State, Federal</u>	<u>XXXX</u>
Location <u>Gas Pool - Cisco Canyon</u>				
Unit Letter	<u>G</u>	Feet From The	<u>North</u>	Line and
	<u>1980</u>			<u>1980</u>
		Feet From The	<u>East</u>	
Line of Section	<u>19</u>	Township	<u>21-S</u>	Range
			<u>23-E</u>	, NMPM,
			<u>Eddy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Split Connection

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Marathon Oil Company</u>				<u>Box 1394, Artesia, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Southern Union Gas Co.</u>				<u>2520 Fidelity Union Tower, Dallas, Texas 75250</u>
<u>Marathon Oil Co.</u>				<u>Box 1394, Artesia, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<u>G</u>	<u>19</u>	<u>21S</u>	<u>23E</u>
Is gas actually connected?	Yes			
	September 16, 1965 January 1, 1966			

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 Rest'v.	Diff. Rest'v.
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
<u>8-17-61</u>	<u>12-18-61</u>		<u>9310</u>			<u>7515</u>		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
	<u>Cisco-Canyon</u>		<u>7060</u>			<u>7212</u>		
Perforations						Depth Casing Shoe		
<u>7060-7110</u>	<u>7224-7270</u>					<u>9310</u>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<u>17-1/2</u>	<u>13-3/8</u>		<u>30</u>			<u>50</u>		
<u>12-3/4</u>	<u>9-5/8</u>		<u>1720</u>			<u>300</u>		
<u>8-3/8</u>	<u>7</u>		<u>6809</u>			<u>75</u>		
<u>6-3/4</u>	<u>4-1/2 Liner</u>		<u>6645-7515</u>			<u>110</u>		

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	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.

Robert A. Daws
(Signature)

Robert A. Daws, Special Clerk
(Title)

May 23, 1973
(Date)

OIL CONSERVATION COMMISSION

MAY 23 1973

APPROVED

BY

W. A. Gressitt
OIL AND GAS INSPECTOR

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.