

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-1104
Supersedes Old C-104 and C-110
Effective 1-1-65

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 type="checkbox"/>	Change in Transporter of:	Effective March 1, 1980	
Recompletion <input type="checkbox"/>	Oil <input checked="" 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			

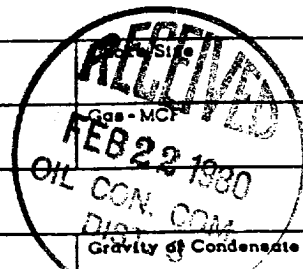
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Jicarilla Joint Venture "KD"	Well No. 2	Pool Name, including Formation Chacon Dakota Associated	Kind of Lease Jicarilla State, Federal or Fee Apache	Lease No. NONE
Location				
Unit Letter F	1650	Feet From The North	Line and 1650	Feet From The West
Line of Section 10	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"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company	5535 East 30th Street Farmington, N.M. 87401			
P.O. Box 990 Farmington, N.M. 87401				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 10	Twp. 23N	Rge. 3W
				Is gas actually connected? Yes

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing 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 22 1980	
FOR: ODESSA NATURAL CORPORATION		BY Original Signed by FRANK T. CHAVEZ	
ORIGINAL SIGNED BY EWELL N. WALSH		TITLE SUPERVISOR DISTRICT # 3	
Ewell N. Walsh, P.E. (Signature) President Walsh Engineering & Production Corp.		This form is to be filed in compliance with RULE 1104.	
(Title)		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.	
2/20/80		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Date)		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.	