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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 1-1-85

B.R.

Operator Odessa Natural Corporation Att: John Strojek	
Address P. O. Box 3908, Odessa, Texas 79760	
Reason(s) for filing (Check proper box)	
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				Jicarilla Joint Venture 'KD'	
Lease Name Jicarilla Joint Venture "KD"	Well No. 4	Pool Name, including Formation Dakota Associated Oil	Kind of Lease State, Federal or Fee	Jicarella Apache	
Location					
Unit Letter F	2310'	Feet From The North	Line and 2310'	Feet From The West	
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"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Plateau, Inc.		P. O. Box 108, Farmington, N. M., 87401			
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 Co.		P. O. Box 990, Farmington, N. M., 87401			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 4	Twp. 23N	Rge. 3W	Is gas actually connected? No
					When 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 9-23-77		Date Compl. Ready to Prod. 10-29-77		Total Depth 7627'		P.B.T.D. 7489'			
Elevations (DF, RKB, RT, GR, etc.) 7214' K. B.		Name of Producing Formation Dakota		Top Oil/Gas Pay 7236'		Tubing Depth 7320'			
Perforations 7236' -7286' & 7353' -7376'						Depth Casing Shoe 7560'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		245'		250			
7 7/8"		4 1/2"		7560'		650			

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 oil tested for allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks 11-6-77		Date of Test 11-16-77		Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours		Tubing Pressure 1200 psig		Casing Pressure 1400 psig	
Actual Prod. During Test		Oil-Bbls. 150		Water-Bbls. -0-	
				Choke Size 3/4"	
				Gas-MCF 1.200	

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		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 _____, 19 _____	
For: Odessa Natural Corporation		BY Original Signed by A. R. Kendrick	
Ewell N. Walsh, P. (Signature)		TITLE SUPERVISOR DIST. 4	
President, Walsh Engr. & Prod. Corp.			
(Title)			
11-17-77			
(Date)			
		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.	