

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-1
Effective 1-1-65

B.K.

NO. OF COPIES RECEIVED	6
DISTRIBUTION	1
DATE	
FILE	
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	
Lease Name Little Federal 20	Well No. 1 Pool Name, including Formation Chacon Dakota Associated Kind of Lease Federal Lease No. NM 28718
Location Unit Letter M 790 Feet From The South Line and 790 Feet From The West	
Line of Section 20 Township 24N Range 3W , NMFM, 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, N.M. 87401
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input 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, N.M. 87401
If well produces oil or liquids, give location of tanks.	Unit M Sec. 20 Twp. 24N Rge. 3W Is gas actually connected? No When Unknown

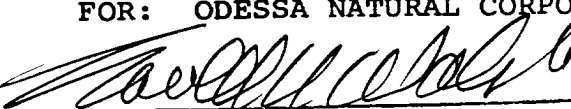
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well XX Gas Well New Well XX Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 9/4/78	Date Compl. Ready to Prod. 10/29/78 Total Depth 7575' P.B.T.D. 7473'
Elevations (DF, RKB, RT, GR, etc.) 7009' K.B.	Name of Producing Formation Dakota Top Oil/Gas Pay 7226' Tubing Depth 7200'
Perforations 7226'-7264', 7281'-7288', 7344'-7351' Depth Casing Shoe 7561'	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4"	8-5/8" 363' 350 sacks
7-7/8"	4-1/2" 7561' 800 sacks
	2-3/8" 7200'

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 11/7/78	Date of Test 11/12/78	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 1050 psig	Casing Pressure 1650 psig	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 208	Water - Bbls. -0-	Gas - MCF 330

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, President) Walsh Engineering & Prod. Corp.	
(Title)	
11/14/78	
(Date)	
OIL CONSERVATION COMMISSION	
APPROVED _____, 19__	
BY Original Signed _____	
TITLE SUPERVISOR	
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.	