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

Form O-104
Supersedes Old O-104 and O-110
Effective 1-1-65

B.K.

Operator		Odessa Natural Corporation	
Address		P.O. Box 3908 Odessa, Texas 79760	
Reason(s) for filing (Check proper box)		Att: John Strojek	
New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

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.
Arco Little Federal 29	2	Chacon Dakota Associated	State, Federal or Fee Federal	NM 28713
Location				
Unit Letter	H	1850 Feet From The North Line and 790 Feet From The East		
Line of Section	29	Township 24N	Range 3W	County Rio Arriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☒ or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Permian Corporation		P.O. Box 1702 Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas	☒ or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.		P.O. Box 990 Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	H	29	24N
			3W
			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	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.			
6-20-78	7-16-78		7551'		7466'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
7045' KB	Dakota		7198'		7102'			
Perforations			Depth Casing Shoe		7521'			
7198'-7244', 7315'-7326', & 7329'-7333'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		366'		350			
7-7/8	4-1/2		7521'		780			

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.)	
7-28-78	8-6-78	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	1100 psig	2100 psig	3/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	346	-0-	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

Dwight N. Walsh
Dwight N. Walsh, P.E.
President, Walsh Eng. & Prod. Corp.

August 14, 1978

OIL CONSERVATION COMMISSION

APPROVED SEP 11 1978

BY Original Signer

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 transporter or other such change of condition.
Separate Forms O-104 must be filed for each pool in multiply