6 Continue to the force NEW MEXICO OIL CONSTRVATION COMMISSION Dam C -164 Supersedes Old C-104 and 1 REQUEST FOR ZULO WABLE I Hertine 1-1-65 FILE U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND REGURAL GAS B) V. LAHO HERE OH PORTER GPERATOR PHORATION OFFICE Operator ODESSA NATURAL CORPORATION ATTN: John Strojek 79760 P. O. Box 3908 Odessa, Texas: Reason(s) for filing (Check proper box) Other (Please explain) X Recompletion Cit Dry Gas Condensate Castnahead Gas Change in Ownership If change of ownership give name and address of previous owner ____ I. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Lease No. Kind of Lease State, Federal or Fee Federal NM-28715 1 Chacon Dakota Associated Little Federal 33 Location 1850' Feet From The South Line and 790**'** Feet From The West Unit Letter 24N , NMPM, Rio Arriba County Line of Section Township Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Cil | X | or Condensate | | Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. P.O. Box 108 Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas P.O. Box 990, Farmington, New Mexico El Paso Natural Gas Company When is gas actually connected? Unit Sec. Twp. If well produces oil or liquids, give location of tanks. L 33 24N | 3W No Unknown If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back | Same Resty. Diff. Resty New Well Oil Well Designate Type of Completion - (X) X X P.B.T.D. Total Depth Date Compl. Ready to Prod. 9/24/78 7530' 7410' 7/27/78 Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation 7146' 7102' K.B. 7136' Dakota Depth Casing Shoe Perforations 7512' **7146' -** 7196', 7265' - 7274', **7278'** - **7282'** TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 367' 350 sacks 8-5/8" 12-1/4" 7512 750 sacks 7-7/8" 4-1/2" 2-3/8" 7136' (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Flow 10/19/78 10/10/78 Choke Size Length of Test Tubing Pressure 1900 2100 24 hours Gas - MOF Oil-Bble. Actual Pred. During Test 1,100 -0-60 **GAS WELL** Gravity at Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

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

P(SHna)we) Walsh, Ewell N.

President, Walsh Engin. (Tula)

11/14/78

I.

This form is to be filed in compliance with RULE 1104.

BY Criginal Signed by A. R. Kendrick

SUPERVISOR DIST. 43

OIL CONSERVATION COMMISSION

APPROVED_

TITLE .

NOV 1 3 1978

If this is a request for silowable for a newly urilies 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.

Beparate Forms C-104 must be filed for each pool in multiply ompleted wells.