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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 1-1-65

Operator ODESSA NATURAL CORPORATION		
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	Well No. 1	Pool Name, Including Formation Undesignated Fruitland	Kind of Lease State, Federal or Fee Federal	Lease No. NM 28760
Location Unit Letter K ; 1920 Feet From The South Line and 1565 Feet From The West Line of Section 1 Township 30N Range 14W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	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 Sec. Twp. Rge.	Is gas actually connected? When 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.
		X						
Date Spore Re-Entered 12-8-76	Date Compl. Ready to Prod. 12-21-76	Total Depth 6275	P.B.T.D. 1369					
Elevations (DF, RKB, RT, GR, etc.) 5746' KB	Name of Producing Formation Fruitland	Top Oil/Gas Pay 1171	Tubing Depth None					
Perforations 1171'-1179', 1181'-1185' and 1191'-1194'			Depth Casing Shoe 1406'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8"	250	130 (Orig. Well)					
7-7/8"	4-1/2"	1406	275					

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 3/4"-297, CAOF-297	Length of Test 3 Hrs.	Bbls. Condensate/MMCF None	Gravity of Condensate None
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) None	Casing Pressure (shut-in) 419	Choke Size 3/4"

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, P.E. (Signature) President, Walsh Engineering & Production Corporation

February 9, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

ORIGINAL SIGNED BY E. N. WALSH, JR.

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 C-104 must be filed for each pool in multiply completed wells.