HO. OF COPIES RECEIVED			5	
DISTRIBUTION				
SANTA FE		/		
FILE		1		
U.S.G.S.				
LAND OFFICE				
	OIL			
TRANSPORTER	GAS			
OPERATOR				

⊦	SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
\ 	FILE	AND					
t	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
Ţ	LAND OFFICE						
Γ	TRANSPORTER OIL						
	GAS						
L	OPERATOR						
1.	PRORATION OFFICE Operator						
1	Odessa Natural Co	orporation					
ŀ	Address						
i	PO Box 3908, Ode	PO Box 3908, Odessa, Texas 79760					
	Reason(s) for filing (Check proper box)	eck proper box)					
- 1	New Well X	Oil Dry Gas	. 🗆				
ļ	Recompletion Change in Ownership	Casinghead Gas Condens	sate				
į			**************************************				
1	If change of ownership give name and address of previous owner						
		DAGE					
ш.	DESCRIPTION OF WELL AND LEASE  Well No. Pool Name, Including Formation  Kind of Lease  Kind of Lease  No. Fordame						
	Little Federal	3 Basin Dako	ota State, Federal	or Fee Federal 28760			
	1 -a-tion						
	Unit Letter C ; 90	O Feet From The North Line	e and 1455 Feet From T	he <u>West</u>			
	Line of Section 12 Tow	mship 30N Range	14W , NMPM, Sa	n Juan County			
	Line of Section 12 Tow	mship JUN Range					
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approx	red copy of this form is to be sent)			
	Name of Authorized Transporter of Oil	or Condensate	PO Box 108, Farming				
	Plateau, Inc. Name of Authorized Transporter of Cas	singhead Gas or Dry Gas XX	Address (Give address to which approx	ped copy of this form is to be sent)			
	El Paso Natural		PO Box 990, Farming	ton, NM 87401			
		Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	en			
	If well produces oil or liquids, give location of tanks.	C 12 30N 14W	<del></del>	<u>Unknown</u>			
If this production is commingled with that from any other lease or pool, give commingling order number:							
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Completic	$\mathbf{x} = \mathbf{x}$	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 6579*	P.B.T.D. 6525*			
	2-15-77	3-23-77  Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Dakota	62741	6308			
	5898 GL, 5910 KB		_	Depth Casing Shoe			
	6274'-91', 6331'-	6274*-91*, 6331*-42* & 6346*-50*					
		TUBING, CASING, AN	D CEMENTING RECORD	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	299*	2.50			
	$\frac{12\frac{1}{4}"}{7-7/8"}$	8-5/8" 4 <del>1</del> 3"	6578	57.5			
	7-1/6						
		2-3/8"	6308	<u> </u>			
v	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)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)			
	Date First New On Item 10 1 mm			Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure	Choke bize			
		Oil-Bbis.	Water - Bbls.	Gas - MCF			
	Actual Prod. During Test	O.1 22.13.					
	GAS WELL Flow Press. Tbg-150 psig, Casing-700 psig.						
		Gravity of Condensate					
- /	Actual Prod. Test-MCF/D	Length of Test 3 hrs.	Bbls. Condensate/MMCF				
3/	4 -1,925, CAOF-2,140 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
Back Pressure 1950 1500							
VI. CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION			
			APPROVED				
	I hereby certify that the rules and	i regulations of the Oil Conservation with and that the information give	n i				
	above is true and complete to t	ne pest of my knowledge and a	BY				
	For: Odessa Nat	cural Corporation	TITLE THE	TITLE INT. YTG C			
	nn/n	MI	This form is to be filed in	This form is to be filed in compliance with RULE 1104.			
	Zwelle .			If this is a request for allowable for a newly drilled or deepene- well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation			
	Ewell N. Walsh, (St.	P.E., President	tests taken on the wett m ac-	cordance with RULE 111.			

(Date) April 12, 1977

Walsh Engr. & Production Corporation

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporten or other such change of condition Separate Forms C-104 must be filed for each pool in multiple completed wells.