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TRANSPORTER	OIL
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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

I.
Operator: Natural Corporation
Address: Box 3908, Odessa, Texas 79760
Reason for filing (Check proper box):
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Little Federal</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Undesignated Fruitland</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 28760</u>
Location: <u>L</u> <u>1850</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u>				
Line of Section <u>12</u> Township <u>30N</u> Range <u>14W</u> NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>None</u>	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"/> <u>Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 990, Farmington, New Mexico 87401</u>			
Does it produce oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?	When			
<u>No</u>	<u>Unknown</u>			

If 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'tv.	Diff. Res'tv.
		X	X					
Spudded <u>27-77</u>	Date Compl. Ready to Prod. <u>6-21-77</u>		Total Depth <u>1900'</u>		P.B.T.D. <u>1813'</u>			
Perforations (DF, RKB, RT, GR, etc.) <u>962' KB</u>	Name of Producing Formation <u>Fruitland</u>		Top Oil/Gas Pay <u>1254'</u>		Tubing Depth <u>1295'</u>			
Perforations <u>1254'-1262', 1270'-1278', 1295'-1304', 1314'-1326'</u>					Depth Casing Shoe <u>1861'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4</u>	<u>8-5/8</u>	<u>86</u>	<u>100 SXS</u>
<u>7-7/8</u>	<u>4-1/2</u>	<u>1861</u>	<u>200 SXS</u>

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 Flowing Pressures, tbq - 10 psig, Csg. - 40 psig.

Actual Prod. Test - MCF/D <u>3/4th - 272,</u> <u>CAOF - 275</u>	Length of Test <u>3 Hrs.</u>	Bbls. Condensate/MCF <u>--</u>	Gravity of Condensate <u>--</u>
Testing Method (pilot, back pr.) <u>Back Press.</u>	Tubing Pressure (shut-in) <u>370 psig</u>	Casing Pressure (shut-in) <u>370 psig</u>	Choke Size <u>3/4"</u>

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

By: J. E. Botkins, (Signature) Engineer
Walsh Engineering & Prod. Corp.
(Title)
July 18, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signer

TITLE SUPERVISOR DIST. 14

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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.