DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION ANTA FE Frm C-104 REQUEST FOR ALLOWABLE Supersedes Old C-1(4 and C-110 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Koch Exploration Company Address P. O. Box 2256, Wichita, KS 67201 Reason(s) for filing (Checa proper box) New Well Other (Please explain) Change in Transporter of: Designation of transporter of condensate Recompletion Dry Gas Change in Ownership Condensate X Castnahead Gas If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Well No. Pool Name, including Formation Kind of Lease State, Federal or Fee Federal Dryden #2 Basin Dakota 1100 Unit Letter Feet From The West Line and 1800 Feet From The Line of Section 22 Township 28N Ronce 8W . NMPM, San Juan 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) Plateau Inc. Name of Authorized Transporter of Casinghead Gas P.O. Box 26251 Albuquerque, N.M. 87125 Address (Give address to which approved copy of this form is to be sent) er Dry Gas El Paso Natural Gas Company El Paso, TX O. Box 1492, 79999 F.ge. If well produces oil or liquids, give location of tanks. August 24, 1981 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Gas Well Workover Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Proc. Total Depth P.B.T.D. Feb. 2, 1981 Feb. 19, 1981 6800 6796 Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Cli/Gas Pay Tubing Depth GR 5819, KD 5831 Basin Dakota 6566 6760 Perforations 6566, 6568, 6644, 6646, 6648, 6681, 6683, 6701, 6715, 6730, Depth Casing Shoe 6732, 6739, 6741, 6755, 6764, 6768, 6772, 6776, 6780, 6784 6797 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE DEPTH SET SACKS CEMENT 13-3/4 10-3/4 257 250 8-3/4 2497 450 6 - 1/44-1/2 6797 <u>530</u> 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.) (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	, <u>. </u>
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bbls.	Water-Bble. GOT SO 1981 Gde-MCF	
		A COST CITY	

GIL CON. GAS WELL Bbls. Condensate AMCF Actual Prod. Test-MCF/D Length of Test Gravity of Condensate 24 hours None N/A Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 2200 2200

APPROVED_

TITLE

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.

Operations Manager (Title)

October 21, 108 1981 This form is to be filed in compliance with RULE 1104.

BY Original Staned by FRANK T. CHAVEZ

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.

SUPERVISOR DISTRICT # 3

OIL CONSERVATION COMMISSION

OCT 3 0 1981

Lease No.

County

NM-013861

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, name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each of in multiply completed wells.