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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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-111
Effective 1-1-65

Operator Koch Exploration Company	
Address P. O. Box 2256, Wichita, Kansas 67201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Correction of Operator	

If change of ownership give name and address of previous owner: KOCH INDUSTRIES INC. P.O. BOX 2256 WICHITA, KANSAS 67201

DESCRIPTION OF WELL AND LEASE

Lease Name Moore	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal	Lease No. SF-078580
Location				
Unit Letter C	1825	Feet From The West	Line and 800	Feet From The North
Line of Section 5	Township 30N	Range 8W	San Juan	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 2256, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Range
	No. October 1, 1980

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded January 3, 1980	Date Compl. Ready to Prod. January 24, 1980	Total Depth 7746'	P.B.T.D. 7703'					
Elevations (DF, RNS, RT, GR, etc.) GR 6285'	Name of Producing Formation Dakota	Top Oil/Gas Pay 7440-7642'	Tubing Depth 7440'					
Performances 7440-55 thru 7638-42. All 1 HPF jet 0.45"		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	213	280 SX.
8-3/4"	7"	3752	600 SX.
6-1/4"	4-1/2"	7731	500 SX.
	2-3/8"	7440	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of gas and oil; or equal to or exceed top allowable for this depth or be for full 24 hours)

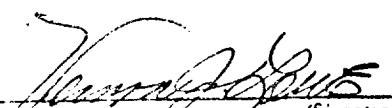
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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MAY 31 1983
OIL CON. DIV.
DIST. 3

GAS WELL			
Actual Prod. Test-MCF/D 463	Length of Test 24	Ebbs. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (Shut-in) 1700	Casing Pressure (Shut-in) 1750	Choke Size 3/8"

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.


Vernon J. Lowe
(Signature)

Operations Manager
(Title)

May 25, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 31 1983, 19

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

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.