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SANTA FE	
FILE	
U.S.G.S.	
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-110  
Effective 1-1-65

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"/>	<u>Correction of Operator</u>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter oil: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

**IDENTIFICATION OF WELL AND LEASE**

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Carle</u>	<u>#1</u>	<u>Aztec Pictured Cliffs</u>	State, Federal or Fee <u>Federal</u>	<u>SF-078402-A</u>
Section <u>C</u>	<u>990</u>	Feet From The <u>North</u>	Line and <u>1650</u>	Feet From The <u>West</u>
Range of Section <u>20</u>	Township <u>30N</u>	Range <u>11W</u>	<u>NMPM</u>	San Juan County

**IDENTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Is well 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)
Is well 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)
<u>El Paso Natural Gas Co.</u>	<u>P. O. Box 1492, El Paso, Texas 79978</u>
Well produces oil or liquids, and location of tanks.	Is gas actually connected? <u>When</u>

If 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.
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
<u>7-6-53</u>	<u>2125'</u>							
Name of Producing Formation	Top Oil/Gas Pay		Taking Depth					
<u>Pictured Cliffs</u>	<u>2035'</u>		<u>1995'</u>					
Depth Casing Shoe								
<u>2025-2125'</u>								

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>3-3/4"</u>	<u>10-3/4"</u>	<u>155'</u>	<u>125 SX</u>
<u>3-3/4"</u>	<u>7"</u>	<u>2025'</u>	<u>150 SX</u>

**TEST DATA AND REQUEST FOR ALLOWABLE** (Test must be after recovery of total volume of load oil and must be equal to or greater than allowable for this depth or for full 24 hours)

Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
<u>7-31-83</u>	<u>Flow</u>	<u>1 1/2"</u>
Tubing Pressure	Casing Pressure	Gas-MCF
<u>1000</u>	<u>1000</u>	<u>1000</u>
Oil - Bbls.	Water - Bbls.	
<u>1000</u>	<u>1000</u>	
Bbls. Condensate/MMCF	Gravity of Condensate	
<u>1000</u>	<u>1000</u>	
Casing Pressure (Shut-in)	Choke Size	
<u>1000</u>	<u>1 1/2"</u>	

**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 \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with Rule 1104.

If this is a request for allowable for a new, recompleted or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with Rule 1103.

All sections of this form must be filled out completely for allowable on new or recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, name or number of transporter, or other such changes of condition.

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

**RECEIVED**  
MAY 31 1983  
**CON. DIV.**  
DIST. 3