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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

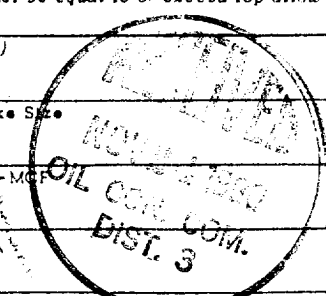
Operator Koch Exploration Company (Div of Koch Industries, Inc.)	
Address P.O. Box 2256; Wichita, Kansas 67201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

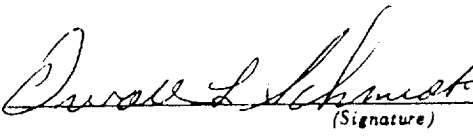
DESCRIPTION OF WELL AND LEASE			
Lease Name William Mansfield	Well No. B-1 /E Basin Dakota	Kind of Lease Federal State, Federal or Fee	Lease No. SF-080776
Location			
Unit Letter B	Feet From The 845	North	Line and 1745
Feet From The East			
Line of Section 25	Township 30N	Range 10W	County San Juan

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	P.O. Box 108; Farmington, NM 87401					
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 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 25	Twp. 30N	Rge. 10W	Is gas actually connected? No	When December 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 9-15-80	Date Compl. Ready to Prod. 10-10-80	Total Depth 7338'		P.B.T.D. 7310'				
Elevations (DF, RKB, RT, GR, etc.) 6079 GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7124-7280		Tubing Depth 7273'				
Perforations 7124-30, 7134-52, 7220-46 & 7274-80'		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
14-3/4"	10-3/4"	212'		275 SX				
8-3/4"	7"	3544'		580 SX				
6-1/4"	4-1/2"	7346'		650 SX				

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			
Actual Prod. Test-MCF/D 869	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back pr	Tubing Pressure (shut-in) 2130	Casing Pressure (shut-in) 2160	Choke Size 2"

I. 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)	
11-18-80	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>NOV 24 1980</u> , 19	
BY <u>Original Signed by CHARLES GHOLSON</u>	
TITLE <u>DEPUTY OIL & GAS INSPECTOR, DIST. 3</u>	
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.	