

DISTRIBUTION			
SAN ANTONIO			
EL PASO			
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

Operator Koch Exploration Company	
Address P.O. Box 2256, Wichita, Kansas 67201	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐
Other (Please explain) Correction of Operator	

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 Lambe	Well No. 3	Pool Name, including Formation Blanco/Mesa Verde	Kind of Lease State, Federal or Free Federal	Lease No. 03187
Location Unit Letter B ; 850 Feet From The North line and 1650 Feet From The East Line of Section 21 Township 31N Range 10W, NMPM, San Juan County				

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	Box 108, Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natl. Gas	Box 1492, El Paso, Texas 79978
Does well produce oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
B 21 31N 10W	yes n/a

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

COMPLETION DATA

Designate Type of Completion - (X)	21 Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Completion Method	Date Compl. Ready Prod.	Total Depth	P.B.T.D.				
Completion Method (H.P., R.H.B., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Completion Method	Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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
Actual Prod. During Test	Bole.	Water-Bble. MAY 31 1983 Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pirog, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
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.