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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	
Address P.O. Box 2256, Wichita, Kansas 67201	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
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"/>
Other (Please explain) 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 Lambe	Well No. 1-A	Pool Name, including Formation Blanco/Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. 03187
Location				
Unit Letter D	1180	Feet From The North	Line and 865	Feet From The West
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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108, Farmington, N.M. 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 21	Twp. 31N	Rge. 10W	Is gas actually connected? Yes	When NA

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.	Diff. Res.
		X	X					
Date Spudded 4-1-75	Date Compl. Ready to Prod. 4-21-75	Total Depth 5596'	P.B.T.D. 5552'					
Elevations (DE, RAB, RT, GR, etc.) 6151' GR 6161'	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4393	Tubing Depth 5420					
Perforations 4393-5420'	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15-3/4"	10-3/4"	193	250
8-3/4"	7"	3499	500
6-1/4"	4-1/2"	3372-5588'	275
	2-3/8	5430	

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	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 3221	Length of Test 24 hours	Bbls. Condensate/MMCF Trace	Gravity of Condensate ----
Testing Method (pilot, back pr.) Open Flow	Tubing Pressure (Shut-in) 654	Casing Pressure (Shut-in) 698	Choke Size 3/4"

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

MAY 31 1983

APPROVED _____, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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 change 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.