	<u>.</u> .			.	, •**	: ; :3
NO. UP COPIES RECEIVED				1,75		
DISTRIBUTION	NEW M	EXICO OIL C	ONSERVATION COM	algeral - a co	Form C-104	
SANTA FE	· *		FOR ALLOWA			ld C-104 and C-11
FILE			AND		Effective 1-1-	65
U.S.G.S.	AUTHORI AT	DNTOTRA	NSPORT OIL AND	NATURAL G	4S	
LAND OFFICE						
TRANSPORTER OIL GAS						-5.5
OPERATOR	1.0					
PRORATION OFFICE	1					
Koch Exploration	Company		1			
Address	chita, Kansas 6720	1				
Reason(s) for filing (Check prope		· · · · · · · · · · · · · · · · · · ·	Other (Pleas	e explain)		
New Well	Change in Transpor	ter of:	0.7.2.	c captain,		
Recompletion	011	Dry Ga	s 🔲 Corre	ction of (merator	16 542 12 15 1 18 12 1
Change in Ownership XX	Casinghead Gas	Conden		CCION OI	peracor	
If change of ownership give national and address of previous owner	me KOCH INDUSTRI	ES INC.P	2.0.BOX 2256	МТСИТФА	KANGAG 6720	4
and address of previous owner.			<u> </u>		MINSAS O720	
DESCRIPTION OF WELL A		- 1 - 1 - 1 F3		1		
Lambe	3-A Pool Nam	co/Mesa V		Kind of Lease State, Federal	orFee Federal	NMO3187
Location / P	1100	C	1020			
Unit Letter P	1100 Feet From The			Feet From T	he <u>East</u>	
Line of Section 21	Township 31N	Range 10W	, NMPA	, San Juai	1	Caunty
DECIONATION OF TRANCE	OPTED OF OIL AND N	ATUDAT CA	e 8			
DESIGNATION OF TRANSF Maine of Authorized Transporter of			Address (Give address	to which approve	ed copy of this form is	to be sently
Plateau, Inc.		•	P.O. Box 108,	Farmingto	n, N.M. 87401	
Name of Authorized Transporter of	f Casinghead Gas 🔂 💮 or Dr	y Gas 🗔	Address (Give address	to which approve	ed copy of this form is	to be sent)
El Paso Natural Gas	Co.		P.O. Box 1492.	El Paso.	Texas 79978	
If well produces oil or liquids,	Unit Sec. Twi	1 -	Is gas actually connect	ed? Wher		*
give location of tanks.	P 21 3:	IN 10W	Yes	. !	MA	
If this production is commingle COMPLETION DATA	d with that from any other I	ease or pool,	give commingling orde	r number:		3
Besignate Type of Comp	letion - (X)	Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff Res'y
		<u> </u>	' x !	<u> </u>	t	
Date Spudded 4-15-75	Date Compl. Ready to P 5-21-75	rod.	Total Depth 5590	•	P.B.T.D. 5580	
Elevations (DF, RKB, RT, GR, et 6220 GR 6230 KB	Name of Producing Form Mesa Verde		Top Oil/Gas Pay 4472		Tubing Depth 5/469	
Perforations			<u> </u>		Depth Casing Shoe	
4472-5494*						**************************************
LOLE BIZE			CEMENTING RECOR		CACYS CE	
12-1/4"	CASING & TUB!	NG 314E	201'		SACKS CE 250	MENI (%)
8-3/4"	10-3/4"		3460		400	
6-1/4"	4-1/2"	$\overline{}$	3359-5588		275	*** ***
	2-3/8"		5469'			9g
TEST DATA AND REQUES	T FOR ALLOWABLE (ster recovery of total volu pth or be for full 24 hour		nd must be equal to or	exceed top allow
OII. WELL Date First New Oil Bun To Tanki			Producing Met & F	a managas life	etc.)	Ç.
	./			Casing Press Chöke \$11		
Length of Test	Tubing Pressure	Tubing Pressure		IAN	Chokesi	
Actual Frod, During Test	OH-Bbla.		Water-Bbls.	198 J. 198	Gas - MCF	
	<u> </u>		OIL	CON. 1	N	
GAS WELL			1	DIST. 3		
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMC		Gravity of Condendate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3097	24 hours		None			
Testing Liethed (pitot, back pr.)	Tubing Pressure (Shut	-in)	Casing Pressure (Shut	-in)	Choke Size	
Open Flow	591	591		665		

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 known age assistellef.

(Date)

Operations Manager

 $r_{\rm c}^{\rm i} =$

May 25, 1983

APPROVED

TITLE .

SUPERVISOR DISTRICT # 3

Original Signed by FRANK T. CHAYFZ

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

If this is a request for allowable for a newly drilled or depend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in recordance with RULE 111.

OIL CONSERVATION COMMISSION

11:2-

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 coadition.

Separate Forms C-104 must be filed.

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