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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

RECEIVED

MAY 31 1983

OIL CON. DIV.
DIST. 3

Operator
Koch Exploration Co.

Address

P.O. Box 2256, Wichita, Kansas 67201

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

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 Cain	Well No. 1-A	Pool Name, Including Formation Blanco/Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. 112814
Location Unit Letter <u>D</u> ; <u>1000</u> Feet From The <u>North</u> Line and <u>940'</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>31N</u> Range <u>10W</u> , 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 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 <u>D</u> Sec. <u>20</u> Twp. <u>31N</u> Rge. <u>10W</u> Is gas actually connected? <u>Yes</u> When <u>.</u>

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

COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv.	Date Compl. Ready to Pro. 5-27-75	Total Depth 5350'	P.B.T.D. 5325'
Drillings (DF, RAB, RT, CR, etc.) GR 6022 KB	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4266	Tubing Depth 5359
Perforations 4266-5256'			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	10-3/4	204	250
8-3/4	7	3409	400
6-1/4	4-1/2	4521-5325'	275
	2-3/8	5259	

TEST DATA AND REQUEST FOR A LOWABLE
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 3636	Length of Test 24 hours	Bbls. Condensate/MMCF Trace	Gravity of Condensate n/a
Testing Method (pitot, back pr.) Open Flow	Tubing Pressure (Shut-in) 684	Casing Pressure (Shut-in) 770	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 _____

This form must 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 production 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.