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| DISTRIBUTION | |
| SANTA FE | 1 |
| FILE | 1 |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 |
| | GAS 1 |
| OPERATOR | 5 |
| 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

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|--|---|
| Operator 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 type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name and address of previous owner

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|--|---------------|--|--|----------------------|
| Lease Name LAMBE | Well No. 4 | Pool Name, including formation Blanco/Pictured Cliffs | Kind of Lease State, Federal or Fee Federal | Lease No. NM03187 |
| Location Unit Letter D ; 1190 Feet From The North Line and 1090 Feet From The West Line of Section 21 Township 31N Range 10W , NMPM, San Juan County | | | | |


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| 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, NM 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 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Pge. Is gas actually connected? When No |

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

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|---|---|--------------------------|-----------------------|--|--|--|--|--|
| COMPLETION DATA | | | | | | | | |
| Designate Type of Completion - (X) | Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. | | | | | | | |
| | X | | | | | | | |
| Date Spudded 10-20-75 | Date Compl. Ready to Prod. 12-19-75 | Total Depth 3050' | P.B.T.D. 3010' | | | | | |
| Elevations (DF, RKB, RT, GR, etc., 6153'GR 6163'KB | Name of Producing Formation Pictured Cliffs | Top Oil/Gas Pay 2897' | Tubing Depth 2900' | | | | | |
| Perforations 2897-2967' | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 9-7/8" | 7" | 228' | 150 | | | | | |
| 6-1/4" | 4 1/2" | 3046' | 350 | | | | | |
| | 2-3/8" | 2900' | | | | | | |

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| 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, lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

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| GAS WELL | | | |
| Actual Prod. Test-MCF/D 540 AOF 1522 | Length of Test 324 hrs | Bbls. Condensate/MCF tr | Gravity of Condensate n/a |
| Testing Method (pitot, back pr.) Flow | Tubing Pressure (Shut-in) 50 872 | Casing Pressure (Shut-in) 200 869 | Choke Size 1-1/4" 3/4 |

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| 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. | |
|  (Signature) | |
| Operations Manager (Title) | |
| 2-19-76 (Date) | |

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| OIL CONSERVATION COMMISSION | |
| APPROVED MAR 1 1976 | |
| BY Original Signed by A. R. Kendrick | |
| TITLE SUPERVISOR DIST. #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 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. | |