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OPERATOR		5	L
PRORATION OF			

Form (
Supers	sedes Ol	d C-104	and	C-110
Filect	Sva 1-1-	65		

	DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS		
	IRANSPORTER OIL / GAS: / OPERATOR PRORATION OFFICE					
I.	Operator					
	Koch Industries, Inc.					
	P. O. Box 2256, Wichi Reason(s) for filing (Check proper box)	ta, Kansas 67201 Change in Transporter of:	Other (Please explain)			
	New We!l Recompletion Change in Ownership	OII Dry Gas Casinghead Gas Condens	75			
·	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND LI	EASE Well No. Pool Name, Including Fo	rmation Kind of Leas	e Lease No.		
	Lease Name WALKER	WALKER Well No. Pool Name, including Formation Walker Blanco/Pictured Cliffs State, Federal or Fee Federal				
	Location Unit Letter P; 960	Feet From The South Line	e andFeet From	The East		
	Line of Section 10 Town	ship 31N Range	10W , NMPM, San 3	Juan County		
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Oil	or Condensate 🔏	D O Por 108 Farming	eton N.M. 87401		
	Plateau, Inc. Name of Authorized Transporter of Cash	nghead Gas 📉 💮 or Dry Gas 🦳	Address (Give address to which appro	oved copy of this form is to be sent;		
	El Paso Natural Gas	Co. Unit Sec. Twp. Rge.	P. O. Box 1492, El Pas Is gas actually connected?	en lexas		
	If well produces oil or liquids, give location of tanks.		No			
IV.	If this production is commingled with COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	Gas Well X	1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 3100'	P.B.T.D.		
	11-12-75 Elevations (DF, RKB, RT, GR, etc.)	1-9-76 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	6148 GR 6159 KB	Pictured Cliffs	2942	2947 Depth Casing Shoe		
	2942-2969'		D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	9-7/8"	7"	192'	150 400		
	6-1/4"	412"	3099'	400		
		2-3/8"				
v	. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be able for this d	lepth or be for full 24 nours)	il and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	Length of Test	Tubing Pressure	Salas Hissans	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Variable.	Gas-MCF		
			FEB 23 1976			
	GAS WELL		COM.	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	M Band Condensate VIMCF	n/a		
	ABF 700 1579	Tubing Pressure (shut-in)	Cooleg Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.) Flow	850 887	860 887	1/2" 7 4.		
١	I. CERTIFICATE OF COMPLIAN	CE	MAR 1	VATION COMMISSION		
	I hereby certify that the rules and Commission have been complied	regulations of the Oil Conservation with and that the information given best of my knowledge and belief	n APPROVED	y A. R. Kendrick		
	above is true and complete to th	- 0	SUPERVISOR DIS	This form is to be filed in compliance with RULE 1104.		
	Durale Les	Ill ox	- 11			
	Chrole de (Sie	nature)	well, this form must be accompanied by a tabulate the second of the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	Operations Manager	Title)				
	2-19-76		Fill out only Sections I	Fill out only Sections I, II, III, and VI for changes of owner,		
	(1	Date)	Separate Forms C-104 to completed wells.	must be filed for each pool in multiply		