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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

Operator Koch Exploration Company	
Address P. O. Box 2256, Wichita, Kansas 67201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	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 WALKER	Well No. 3	Pool Name, including Formation Blanco/Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM 014110
Location Unit Letter <u>P</u> ; <u>960</u> Feet From The <u>South</u> Line and <u>1165</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>31N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Plataon, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>El Paso Natural Gas Co.</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, Texas 79978</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Page.
		Is gas actually connected? <u>No</u> When

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't.	Diff. Res't.
		X						
Date Spudded 11-12-75	Date Compl. Ready to Prod. 1-9-76	Total Depth 3100'	P.B.T.D. 3039'					
Elevations (DE, RKB, RT, GR, etc.) 6148' GR 6159' KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2942'	Tubing Depth 2947'					
Perforations 2942-2969'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9-7/8"	7"	192'	150					
6-1/4"	4 1/2"	3099'	400					
	2-3/8"	2947'						

TEST DATA AND REQUEST FOR ALLOWABLE (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, or lift test)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke
		Gas - MCF
OIL CON. DIV.		
MAY 31 1983		
D. 3		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
700	24 hrs	tr
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)
Flow	850	860
		Gravity of Condensate
		n/a
		Choke Size
		1/2"

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
APPROVED **MAY 31 1983**, 19

BY Original Signed by FRANK T. CHAVEZ

SUBSIDIARY OF DISTRICT 26 3

TITLE

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 multiple completed wells.