1.

SANTA FE		1			EXICO OIL	CHSERV.	ATION COM	WISSION	i	Form C-104	
FILE					REQUEST	FOR AL AND	LOWABLE			Supersedes C Effective 1-1	ld C-104 and C-
U.S.G.S.			AUTHO	RIZATI	ON TO TR		COIL AND	NATURAL			
LAND OFFICE	T						. J. 2 7 11 15	MATOKAL	GAS		
	GAS	-									
OPERATOR	1000										
PRORATION OF	FICE										
Operator Koch Exp.	loration	n Co						100	100		
Address										7 17 1	
P.O. Box			chita, K	ansas	67201			III	· ·	· W J E	
Reason(s) for filing New Well	(Check propi	er box)	Change in	Tegnenosi			Other (Plea.		MAY O	5 1905	W
Recompletion			Oil	F	Dry G	as 🗍		O	1000	, 1000 ,	
Change in Ownershi	P		Casinghea	d Gas	Conde	nsate 🗶		•	L CON		
If change of owners	ship give na	ame							Piol.	3	-
and address of prev	ious owner	·									
DESCRIPTION O	F WELL	AND LE	ASE								•
Lease Name			!		e, Including F			Kind of Lea		Federal	Lease No.
Walker			3	Blan	nco/Pictu	re Cli	ffs	State, Feder	ral or Fee		
Unit Letter I	P.	960	Feet From	The SC	outhLir	ne and	1165	Feet From		act	
	_	200			LII	4110		reetrion	ine <u>E</u>	<u>ast</u>	
Line of Section ()	Townsh	<u>ip 3</u>	lN	Range 1	OW	, NMP	м,	San	JUan	County
DESIGNATION O	F TRANS	PORTER	OF OIL.	AND NA	TURAL GA	ıs					
Name of Authorized				ndensate			Give address	to which appr	oved copy of	this form is	to be sent)
Gary Energy Name of Authorized			ead Cas	OF DEN	/ Gas T	P.O. I	30x 489	Bloomfie to which appr	eld, Ill	inois 8	7413
El Paso Nat			1500 003	0. 2.,	Gd3 [X	i	30x 1492				to de sent)
If well produces oil	·	Un	it Sec.	Twp.	. P.ge.		tually connec	ted? W	aso Texa	s /99/8	
give location of tank	s.	!	<u> </u>	<u> </u>		Ye	es	 	3-18-7	6	
If this production is COMPLETION D.		ed with th	at from any	other,le	ase or pool,	give comm	ningling orde	r number:			
•		1 .:	(V) OI	l Well	Gas Well	New Well	Workover	Deepen	Plug Bac	k Same Re	s'v. Diff. Res'
Designate Typ	e of Comp					i 	, 	, 		' ! 	· ·
Date Spudded		Da	te Compl. Re	ady to Pr	od.	Total Der	oth		P.B.T.D.		
Elevations (DF, RKE	3, RT, GR, e	etc., Na	me of Produc	ing Forme	ation	Top Oil/0	Gas Pay	 	Tubing D	epth	
Perforations									Depth Ca	sing Shoe	
			Τί	JBING, C	ASING, AND	CEMENT	ING RECO	RD			
HOLE	SIZE		CASING	& TUBIN	IG SIZE		DEPTHS	EΤ		SACKS CE	MENT
HOLE							<u> </u>				
HOLE											
HOLE											
NOLE											
TEST DATA ANI		ST FOR	ALLOWAB						and must be	equal to or	exceed top allo
	D REQUES		ALLOWAB		est must be a ble for this de	pth or be fo	r full 24 hour			equal to or	exceed top allo
TEST DATA AND OIL WELL Date First New Oil F	D REQUES	s Da	te of Test	at		Producing	r full 24 hour	s)	ift, etc.)		exceed top allow
TEST DATA AND	O REQUES	s Da		at		pth or be fo	r full 24 hour	s)			exceed top allo
TEST DATA AND OIL WELL Date First New Oil F	O REQUES	s Da	te of Test	at		Producing	r full 24 hour Method (Floressure	s)	ift, etc.)	*•	exceed top allow
TEST DATA AND OIL WELL Date First New Oil F	O REQUES	s Da	te of Test	at		pth or be for Producing Casing Pr	r full 24 hour Method (Floressure	s)	ift, etc.)	*•	exceed top allo
TEST DATA AND OIL WELL. Date First New Oil F Length of Test Actual Prod. During	O REQUES	s Da	te of Test	at		pth or be for Producing Casing Pr	r full 24 hour Method (Floressure	s)	ift, etc.)	*•	exceed top allo
TEST DATA AND OIL WELL Date First New Oil F	O REQUES	Tul	te of Test	a b		Producing Casing Producing Water - Bb	r full 24 hour Method (Floressure	s) w, pump, gas l	Choke Siz	*•	
TEST DATA AND OIL WELL. Date First New Oil F Length of Test Actual Prod. During	O REQUES	Tul	te of Test bing Pressure -Bbls.	a b		Producing Casing Producing Water - Bb	method (Floressure	s) w, pump, gas l	Choke Siz		
TEST DATA AND OIL WELL. Date First New Oil F Length of Test Actual Prod. During	O REQUES	Tul Oil	te of Test bing Pressure -Bbls.	a è	ble for this de	Producing Casing Pr Water - Bb Bbls. Con	method (Floressure	s) w, pump, gas l	Choke Siz	f Condensate	
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