DISTRIBUTION		1	ř
SANTA FE		1	
FILE		1	1
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	7	
	GAS	1	
OPERATOR		2	
PRORATION OFFICE			

Form C-104 Supersedes Old C-104 and C-110

MEW MEXICO OIL COMSERVATION COMMISSION REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Koch Industries, Inc. Address P. O. Box 2256, Wichita, Kansas 67201
Reason(s) for filing (Check proper box) Other (Please explain) X New Well Recompletion Oil Dry Gas 3 DIST Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease No. State, Federal or Fee Federal NM 014110 WALKER 5 Blanco/Pictured Cliff Location 1140 Feet From The North Line and 1050 Feet From The East Township 31N Range 10W , NMPM, County 13 San Juan Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. P.O.Box 108, Farmington, N.M. 87401 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) P.O.Box 1492, El Paso, Texas El Paso Natural Gas Co. Unit Twp. Pge. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Gas Well Same Res'v. Diff. Res'v Oil Well Designate Type of Completion - (X) Date Compl. Ready to Prod. P.B.T.D. Date Spudded Total Depth 3450' 2-25-76
Elevations (DF, RKB, RT, GR, etc.) 3551**'** 3 - 16 - 76Top Oll/Gas Pay Name of Producing Formation Tubing Depth 3372 3367**'** 6580'KB 6569'GL Pictured Cliff Depth Casing Shoe Perforations 3367-3423' Pictured Cliff TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT CASING & TUBING SIZE HOLE SIZE 184' 9-7/8" 150 sx 6-1/4" 41/211 3547¹ 425 3372**'** 2-3/8" V. 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Tubing Pressure Casing Pressure Length of Test Water - Bbls. Gas - MCF Oil-Bbla. Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate 1207 24 hrs 1291 Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 843 842 Flowing OIL CONSERVATION COMMISSION **VI. CERTIFICATE OF COMPLIANCE** 1976 APPROVED I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Original Signed by A. R. Kendrick BY SUPERVISOR DIST. #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. m (Signature) All sections of this form must be filled out completely for allowable on new and recompleted wells. Operations Manager (Title) 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. March 30, 1976 (Date)

Separate Forms C-104 must be filed for each pool in multiply