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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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

1. Operator
Koch Exploration Company
Address
P. O. Box 2256, Wichita, Kansas 67201
Reason(s) for filing (check proper box)
New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Correction of Operator

If change of ownership give name and address of previous owner KOCH INDUSTRIES INC. P.O. BOX 2256, WICHITA, KAN. 67201

II. DESCRIPTION OF WELL AND LEASE

Lease Name LAMBE	Well No. 8	Pool Name, including Formation Blanco/Pictured Cliff	Kind of Lease State, Federal or Free Federal	Lease No. NM 03187
Location Unit Letter <u>B</u> ; <u>1070</u> Feet From <u>North</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>31N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Platinum Inc.</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co.</u>	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.	Rge.	Is gas actually connected?	When
					No	

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

V. 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 1-22-76	Date Compl. Ready to Prod. 2-24-76	Total Depth 3055'	P.B.T.D. 3029'					
Elevations (DF, RKB, RT, etc.) 6147'GR	Name of Producing Formation Pictured Cliff	Top Oil/Gas Pay 2908'	Tubing Depth 2930'					
Perforations Pictured Cliff 2908-2970'		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9-7/8"	7"	174'	150					
6-1/4"	4-1/2"	3054'	350					
	2-3/8"	2930'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of fluid and must be equal to or exceed top allowable for this depth or be for further hole.)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 900	Length of Test 24 hrs	Bbls. Condensate/MMCF n/a	Gravity of Condensate n/a
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 50	Casing Pressure (Shut-in) 160	Choke Size 2"

I. 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)

OIL CONSERVATION COMMISSION

APPROVED MAY 31 1983, 19

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 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.

May 25, 1983