

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
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)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Walker	Well No. 1-R	Pool Name, Including Formation Blanco/Mesa Verde	Kind of Lease State, Federal or Foreign Federal	NM Lease No. 013688-A
Location				
Unit Letter A	990	Feet From The North	Line and 990	Feet From The East
Line of Section 13	Township 31N	Range 10W	, NMPM, San Juan County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	P.O. Box 1492, El Paso, Texas	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	Is gas actually connected? When Yes 2-18-77

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	X					
Date Spudded 1-21-77	Date Compl. Ready to Prod. 2-14-77	Total Depth 6039'	P.B.T.D. 6020'					
Elevations (DF, RKB, RT, GR, etc.) KB 6599; GL 6565	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4916'	Tubing Depth 5977'					
Perforations 4916-5270', 5360-5540', 5660-5996'			Depth Casing Shoe 6031'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15	10-3/4	202	250					
8-3/4	7	3606	450					
	2-3/8	5977						

VI. 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)

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 2830 8249 AOF	Length of Test 14	Bbls. Condensate/MMCF ---	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 60	Casing Pressure (shut-in) 717 440	Choke Size 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. Louie
(Signature)
Assistant Operations Manager
(Title)
February 24, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
By Original Signed by A. R. Kendrick
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 multiply completed wells.