

RECEIVED	
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	3
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

I. 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: Adding Oil Transporter  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Walker Well No. 1-R Pool Name, Including Formation Blanco/Mesa Verde Kind of Lease Federal NM Case 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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil Plateau Inc. or Condensate Address (Give address to which approved copy of this form is to be sent) P.O. Box 108, Farmington, N.M. 87401  
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Co. or Dry Gas Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas  
If well produces oil or liquids, give location of tanks. Unit A Sec. 13 Twp. 31N Rge. 10W Is gas actually connected? Yes When 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.  
1-21-77 2-14-77 6039' 6020'  
Elevations (DF, RKB, RT, GR, etc.) KB 6599' GL 6565' Name of Producing Formation Mesa Verde Top Oil/Gas Pay 4916' 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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
2830 14 hrs 14 47  
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size  
60 440 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.  
Assistant Operations Manager  
April 6, 1977

OIL CONSERVATION COMMISSION  
APPROVED  
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.