NO UP COMES RECEIVED				
DISTRIBUTIÓN				
SANTA FE				
FILE				
U.S.G.S.		Ĺ		
LAND OFFICE			ļ	
TRANSPORTER	OIL			
	GAS	L	L	
OPERATOR		<u> </u>		
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DISTRIBUTION SANTA FE	REQUEST F	ISERVATION COMMISSION Form C-104 DR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65		
U.S.G.S.  LAND OFFICE  I HANSPORTER OIL  GAS  OPERATOR		ISPORT OIL AND NATURAL GAS	5	
PRORATION OFFICE Operator				
	pany (Division of Koch Inc	dustries, Inc.)		
Address P.O. Box 2256; Wichit	ta, Kansas, Kansas 67201		i	
Reason(s) for filing (Check proper box, New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Castinghead Gas Condens	<b>₩</b>		
f change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND Lease Name Gardner	LEASE    Jell No. Fool Name, including For 4-A   Blanco/Mesa Ve		r Fee Federal NM-013642	
Unit Letter M : 103	O Feet From The South Line	ord 870 Feet From The	. East	
Line of Section 25 To	waship 32N Range 9	W , NMPM,	San Juan County	
DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Cil  Plateau, Inc.  Name of Authorized Transporter of Ca  Northwest Pipeline C	singhead Gas ot Dry Gas 🔀	Actions (Give address to which approved P.O. Box 1492; Farmingt Alices / Give address to which approved P.O. Box 1526; Salt Lak	On, NM I copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sen. Twp. Ege. M 25 32N 9W	No When	4-1-81	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Weli	1	Plug Back   Same Res'v. Diff. Res'v.	
Designate Type of Completi	Date Compl. Ready to Prod.	X   P.B.T.D. 6250 6035		
9-4-80 Elevations (2F, RKB, RT, GR, etc., GR 6670	Name of Producing Formation  Mesa Verde	Top Ctl/Gas Pay 5620-6008	Tubing Depth 5980	
Perforations			Depth Casing Shoe	
5620-6008 (Mesa Verd		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
14-3/4	10-3/4	212	275 sx	
8-3/4	7	3542	475 sx 375 sx	
6-1/4	4-1/2 2-3/8	6171 5980	3/3 5%	
TEST DATA AND DECUEST F	FOR ALLOWARIE. (Test must be a	ter recovery of total volume of load oil as	nd must be equal to at exceed top allow-	
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,		
Date First New Oil Run To Tanks	Tubing Pressure	Casing Pressure	Choi Size	
Length of Test  Actual Prod. During Test	OII-Bbis.	Water - Bbls.	FEB 17 1981  Gas NOTL CON. COM.	
Actual Flot. Daning			DIST. 3	
GAS WELL	Transh of Total	Bbis. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	N/A	N/A	
2120 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 700#	Casing Pressure (Shut-in) 1120#	Choke Size 3/8"	
Back pr CERTIFICATE OF COMPLIAN		<u> </u>	TION COMMISSION	
Commission have been complied	i regulations of the Oil Conservation with and that the information given	Original Signed by FRANK T. CHAVEZ		
above is true and complete to the	he best of my knowledge and belief.	TITLE SUPERVISOR DISTRICT # 1		
	<b></b>	This form is to be filed in compliance with RULE 1104.  If this is a request for silowable for a newly drilled or deepened		
Jemm / Sou	(nature)	If this is a request for allow well, this form must be accompar tests taken on the well in accom		
Assistant Operation		Il tasts taken on the Well in accord	it be filled out completely for allow	

February 12, 1981 (Date)

able 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.