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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

**OIL CONSERVATION DIVISION** P.O. Box 2088

DISTRICT III		Sant	a Fe,	New Me	xico 8750	4-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	BEOLIE	ST FO	RAII	OWAR	I F AND	AUTHORIZ	ATION				
I.						TURAL GA					
Operator	10 HUMOI OITI OIL					Well API No.					
KOCH EXPLORATI	EXPLORATION COMPANY							30-045-28011			
Address								10.25			
	Wichita,	, KS (	67201	L-2256							
Reason(s) for Filing (Check proper box)  New Well	_				Oth	er (Piease expla	in)				
		hange in T	•								
Recompletion	Oil Dry Gas Casinghead Gas Condensate										
If change of operator give name	Campica			<u>-</u>					· · · · · · · · · · · · · · · · · · ·		
and address of previous operator					····		· · · · · ·			<del></del>	
II. DESCRIPTION OF WELL.	AND LEAS	SE									
Lease Name	i i				ng Formation			Lease	1	ase No.	
Gardner (	4 Basin Fr				uitland Coal			Federal NM-013642			
Location	1/	430 r		57	outh	16	70				
Unit Letter	_ :1_	+30 [	Feet Fro	m The _S	Julii Lio	e and16	/U Fe	et From The _	west	Line	
Section 25 Township	p 32N	1	Range	9W	, N	мрм,	San Ju	ıan		County	
III. DESIGNATION OF TRAN	SPORTER	OF OH	L ANI	NATII	RAL GAS						
Name of Authorized Transporter of Oil		Condens:				e address to wh	ich approved	copy of this fo	orm is to be see	าน)	
		- <del> </del>	·	'						·····	
Name of Authorized Transporter of Casing	ghead Gas	·	or Dry (	Gas		e address to wh				-	
Northwest Pipeline	1 1.			·		. 58900 <b>,</b>			<u>, UT 8</u> 2	<del>1158-090</del> 0	
If well produces oil or liquids, give location of tanks. $n/a$	Unit S	Sec.   1	ľwp.	Rge.	ls gas actuall	•	When		10-15-92	)	
If this production is commingled with that	from any other	lease or po	ool. give	comming					10-13-32	<u></u>	
IV. COMPLETION DATA	mont any outer	icale of p	ooi, give	Continuing	ing order num	Jen			····	· · · · · · · · · · · · · · · · · · ·	
		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion				X.	<u> </u>	1	Ĺ				
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
11-19-90	1-23-91				3610' TVD Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) 6710' GR; 6725' RKB	Name of Producing Formation Fruitland Coal			3245 3223			Tubing Depth 3225.81				
Perforations					3247 3 2 2 2			Depth Casing Shoe			
3223 - 36/0	0							'			
	Τι	JBING, C	CASIN	IG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE 7			DEPTH SET			SACKS CEMENT				
1.2-1/4"						26' KB		140 sx C1B			
8-3/4"	7" csg				3223' KB			490 sx Lite, 250 sx C1			
	2-3/8" tbg				3225.8 KB						
V. TEST DATA AND REQUES	ST FOR AL	LLOWA	BLE		<u> </u>	<u></u>		1	<del></del>		
OIL WELL (Test must be after r				il and must	be equal to o	exceed top allo	owable for thi	s dep <b>ils or</b> be	for full 24 how	<b>फ.)</b> पुत्रा कृता ह	
Date First New Oil Run To Tank	Date of Test					ethod (Flow, pu		<del>,</del>	a U		
Leath of Total					C-' D			Cheke Size			
ength of Test Tubing Pressure				Casing Press	ure		CHOICE SHEE	COTUS	1552		
Actual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCFIL CON.				
GAS WELL	-1	-		<del></del>			110-100-1		\Disi.	*	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
shut-in											
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
	1400#				800#			<u></u>			
VL OPERATOR CERTIFIC	CATE OF	COMPI	LIAN	<b>ICE</b>			ICEDY	ATION	רוואוטיכ		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OCT 2 8 1992						
as any surprise to allo ocea of the surprise education of the surprise of the					Date Approved						
Sandelne 53/h.						3110/					
Signature	Signature					By Bin Chang					
University of the Description of the College of the	//				∥ BA <sup>−</sup>		· <u>·</u>				
Randolph B. Whipple Printed Name	Prod. A	dmin. C	oordi: Tide	nator	By_		SUPERV	SOR DIS	TRICT /	3	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

10-5-92

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.