Submit 5 Copies
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 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	REQ				BLE AND A						
Operator Operator								Well API No.			
KOCH EXPLORATION COMPANY						30-045-28012					
PO Box 2256,		ta, KS	6720	01-2256	· •						
Reason(s) for Filing (Check proper box) New Well		Change in		_	Othe	er (Please expl	ain)				
New Well Recompletion											
Change in Operator	Oil Casinghe	od Cor 🗀	Dry G								
If change of operator give name	Casugn	au Oas	Colluc	nsate		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
and address of previous operator						·····			·		
II. DESCRIPTION OF WELI	AND LE										
Lease Name	Gardner (') Well No. Pool Name, Inch							of Lease No. Federal dCR## NM-014110			
Location		79	Do	451II FL	urcianu	COAL			INFI	014110	
Unit Letter & £	<u>:1</u>	1680	_ Feet F	rom The S	outh Lin	e and <u>101</u>	<u>0 </u>	et From The	west	Line	
Section 26 Towns	hip 32	2N	Range	. 9W	, NI	мрм,	San	Juan		County	
III DECICNATION OF TRA	Nenont	ED OF O		IFN BLACES	inat cae				•		
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPURI	or Conde	IL AN	NU NAIL		e address to w	hich approved	Conv of this f	orm is to be	eart)	
·	LJ					Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
Northwest Pipeline						58900,		ake City, UT 84158-0900			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	is gas actually connected?		When	When ?			
give location of tanks. n/a If this production is commingled with the	I from say o	ther leave or	Pool ei	L commission	no no			10-15	-92		
IV. COMPLETION DATA	a nom any o	diei iease ui	poor, gr	ve commung	ting order num	Der:					
Designate Type of Completion	n - (X)	Oil Wel	i j	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	Date Compl. Ready to Prod.				Total Depth			L		
12-4-90		4-9-91				3458'					
Elevations (DF, RKB, RT, GR, etc.)	,	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
6575' GR; 6587' KB Fruitland Coal				3T	3008'			3407 1 Depth Casing Shoe			
3008 - 3	426	 						Depui Casin	g Snoe		
HOLE SIZE		TUBING, CASING AND									
13-1/2"		9-5/8" casg			DEPTH SET			SACKS CEMENT			
8-3/4"					 -	230' 2959'			176 sx		
8-3/4" 7" csg 2-3/8" tbg				3407'				506 sx Lite, 249 sx C1			
	 /	5/21				3455					
V. TEST DATA AND REQUE					<u> </u>			- 			
OIL WELL (Test must be after Date First New Oil Run To Tank			of load	oil and mus	t be equal to or	exceed top all	owable for the	s depth or be j	for full 24 hor	urs.)	
Date Film New Oil Roll 10 1mlk	Date of 1	Date of Test Tubing Pressure				Producing Method (Flow, pump, gas lift, e Casing Pressure					
Length of Test	Tubing P								Choice Size		
								0 07001932			
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbis.			Gas- MCF		
									OH. CON		
GAS WELL									िक्षप्रहे		
Actual Prod. Test - MCI/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Shut-in Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
305#					1150#			CHOKE SIZE	Giore Biza		
VI. OPERATOR CERTIFIC	CATEO		DI IAN	VCE	1 115	OII		.L			
I hereby certify that the rules and reg				NCE	(DIL CON	ISERV	ATION I	DIVISIO	NC	
Division have been complied with an	d that the inf	ormation giv	en abov	e							
is true and complete to the best of my	knowledge	and belief.			Date	Approve	d U	CT 281	992		
1 / 1 25	45					• •		А			
Signature Signature					By Bir) Chang						
Randolph B. Whipple	Prod.	Admin. C	Cordi	nator	-,_			ISOR DIS	TRICT	4.0	
Printed Name	22.6	000 =0	Title	<u></u>	Title		JU, 111V	JUN DIS	I TILL I	7 3	
10-5-92 Date	316-	-832-534	45 ephone i	No.							
		1 (1)			11						

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

- 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.
- 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.