| DISTRIBUTION | |
|---|---|
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER OIL / GAS | |
| OPERATOR | |
| 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-116
Effective 1-1-65

I.

Operator
Koch Exploration Company (Division of Koch Industries, Inc.)

Address
P.O. Box 2256; Wichita, Kansas 67201

Reason(s) for filing (Check proper box)
New Well XX
Recombletion
Change in Ownership

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | | Kind of Lease | Lease No. |
|---|---|---|---|
| Gonzales 1 Basin Dakota | | State, Federal or Fee Federal | SF-078596 |

Location
Unit Letter P, 1090 Feet From The South Line and 1120 Feet From The East
Line of Section 1, Township 29N, Range 8W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil or Condensate | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Plateau, Inc. | P.O. Box 1492; Farmington, NM 87401 |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas | P.O. Box 1492; El Paso, Texas 79978 |

| If well produces oil or liquids, give location of tanks. | Is gas actually connected? | When |
|---|---|---|
| P 1 29N 8W | Yes | 2-1-81 |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. 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 | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 8-3-80 | 2-3-80 | 7534 | 7485 |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| GR 6222' KB 6236 | Basin Dakota | 7277-7452 | 7420 |
| Perforations | | | Depth Casing Shoe |
| 7277-7452 (selective) Dakota | | | 7521 |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 14-3/4 | 10-3/4 | 197 | 250 sx |
| 8-3/4 | 7 | 3225 | 400 sx |
| 6-1/4 | 4-1/2 | 7521 | 450 sx |
| | 2-3/8 | 7420 | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

| 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 |

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DIST. 3

GAS WELL

| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| 1065 | | | N/A |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| Back Pr | 2100 psi | 2170# | 3/8" |

VI. 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.

(Signature)
Assistant Operations Manager
(Title)
February 12, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 24 1981, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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.