

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

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	☒
Recompletion	☐
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 Gonzales	Kind of Lease State, Federal or Foreign Federal	Lease No. SF-078596
Location Unit Letter P 1091 South 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 Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492; Farmington, NM 87401
Name of Authorized Transporter of Natural Gas El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492; El Paso, Texas 79978
If well produces oil or liquids, give location of tanks. P 1 29N 8W	Is it actually connected? When 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 - (V)	Old Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	☒	☒					
Date Spudded 8-3-80	Date Completed 2-3-80	Total Depth 7534	S.D.P.D.				
Elevations (DF, RKB, RT, GR, etc.) GR 6222' KB 6236 Basin Dakota	Top of Gas Pay 7277-7452	Datum Depth 7420					
Perforations 7277-7452 (selective) Dakota	Depth Casing Shoe 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 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)

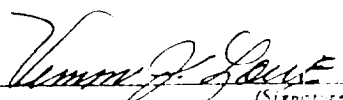
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Testing Pressure	Casing Pressure
Actual Prod. During Test	Choke Size	Water-Beds

GAS WELL

Actual Prod. Test-MMCF/D 1065	Length of Test	Beds, Condensate/MMCF	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Back Pr	Tubing Pressure (Shut-in) 2100 psi	Casing Pressure (Shut-in) 2170#	Choke Size 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 _____, 19____
Original Signed by FRANK T. CHAVEZ
BY _____
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.