(Dute)		Separate Forms C-104 must	t be filed for each pool in multiply
(Title) July 27, 1979		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.	
Chief Production Clerk		All sections of this form must be filled cut completely for allow-	
Kenneth A Suymour Kenneth A. Seymour		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 NULE 111.	
2 A A A		ton allow	compliance with RULE 1104.
		TITLE	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		SUPERVISOR DISTRICT # 3	
		APPROVED AND SIGNED BY A. R. Kendrick	
I. CERTIFICATE OF COMPLIANCE			
Orfice Meter	700#		TION COMMISSION
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choka Siza
2290	9 hours	1	Chox o Sizo
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate (5)
180 W. 3			
Actual Prod. During Test	O14 * DD104		1 6 0 W
	Oil • Bbls.	Water-Sbis.	Gan 405 21919
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Date First New Oil Run To Tanks	Date of Test	· · · · · · · · · · · · · · · · · · ·	
oble for this depth or be for full 24 hours)			
Z-3/8 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-			
6-1/4	4-1/2 2-3/8	6105 6030	213
8-3/4	7	3799	500 275
HOLE SIZE	10-3/4	186	300
	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
GR 6413 Perforations	Mesa Verde		Depth Casing Shoe
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top \$127 Gds Pdy 5059'	6030'
November 23, 1976	December 20, 1976	6108' -	6072 *
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Designate Type of Completion	OII WEIL	X ! Deepen	
If this production is commingled with COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
give location of tanks.	that from any other least or part of		, , , , , , , , , , , , , , , , , , , ,
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When Yes	7-25-79
Name of Authorized Transporter of Cast Northwest Pipel	Line Co.	P. O. Box 1526, Salt Lak	e City, Utah 84110
Name of Authorized Transporter of Cast		Address (Give address to which approve	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	d copy of this form is to be sent)
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Line of Section 31 Town	ship 32N Range	8W , NMPM,	San Juan County
Unit Letter N : 790	Feet From The WEST Line		
Location	_ a m West	and 740 Feet From The	South
Gardner	3 Blanco/Mesa Ver	Service Fordered a	Fee Federal NM013642
DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	mation Kind of Lease	Lease No.
and address of previous owner			
If change of ownership give name			
Change in Ownership	Casinghead Gas Condense	ate [
New Well Recompletion	CII Dry Gas		w.
Reason(s) for filing (Check proper bax)	Change in Transporter of:	N .	-
P. O. Box 2256,	Wichita, Kansas 67201	Other (Please explain)	
Koch Industries, Inc.			
Cperator The			
PROPATION OFFICE			
GAS		AP1 30-	04 ad 243
IRÂNSPORTER OIL		10: 20	045- 22243
U.S.G.S.	AUTHORIZATION TO FRAME	SPORT OIL AND NATURAL GAS	•
FILE	-	AND Sport on land nathballigas	
SANTA FE		OR ALLOWABLE	Supposedes Old C-104 and C-110 Stephine 1-1-55
DISTRIBUTION	, TO NEW MEXICO OUL CON	SERVATION COMMIT N	Form (0-104
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