

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-110
Effective 1-1-65

Operator
Koch Exploration Co.
Address
P. O. Box 2256, Wichita, Kansas 67201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ Other (Please explain)
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Correction of Operator

If change of ownership give name and address of previous owner KOCH INDUSTRIES INC. P.O. BOX 2256, WICHITA, KANSAS 67201

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gardner</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Blanco/Mesa Verde</u>	Kind of Lease State, Federal or Free Federal <u>Federal</u>	Lease No. <u>NM 013642</u>
Location Unit Letter <u>M</u> <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>32N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Northwest Pipeline Co.</u>	<u>P. O. Box 1526, Salt Lake City, Utah 84110</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>790</u> Sec. <u>36</u> Twp. <u>32N</u> Rge. <u>9W</u>	Is gas actually connected? <u>Yes</u> When <u>7-25-79</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Compl. Ready to Prod. <u>December 8, 1976</u>	Date Compl. Ready to Prod. <u>January 28, 1977</u>	Total Depth <u>6100'</u>
Elevations (DF, RKB, NT, GR, etc.) <u>GR 6532'</u>	Name of Producing Formation <u>Mesa Verde</u>	Top <input checked="" type="checkbox"/> Gas Pay <u>5083'</u>
Perforations <u>5083-5946'</u>		Tubing Depth <u>5925'</u>
		Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	10-3/4	199	300
8-3/4	7	3799	550
6-1/4	4-1/2	6098	275
---	2-3/8	5925	---

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	Length of Test	Producing Method (Flow, pump, gas lift, etc.)
	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MMCF/D <u>3200</u>	Length of Test <u>2-1/2</u>	Bbls. Condensate/MMCF <u>---</u>	Gravity of Condensate <u>---</u>
Testing Method (pilot, back pr.) <u>Orifice Meter</u>	Tubing Pressure (Shut-in) <u>50#</u>	Casing Pressure (Shut-in) <u>360#</u>	Choke Size <u>---</u>

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.

Vernon J. Lowe

(Signature)

Operations Manager

(Title)

May 25, 1983

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 31 1983

Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

TITLE

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.