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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 O-104
Supersedes Old C-104 and C-110
Effective 1-1-83

Operator: Koch Industries, Inc. *Copy to Santa Fe*
Koch Industries, Inc. (Div. of Koch Industries, Inc.)
Address: P. O. Box 2256, Wichita, Kansas 67201
Reason(s) for filing (Check proper box):
New Well: ☒ Change in Transporter: ☐
Recompletion: ☐ Oil: ☐ Dry Gas: ☐
Change in Ownership: ☐ Casinghead Gas: ☐ Condensate: ☐

If change of ownership give name and address of previous owner: Koch Industries, Inc. *Explanation*

DESCRIPTION OF WELL AND LEASE

Lease Name	Well Name, Pool Name, including Formation	Kind of Lease	Federal	Lease No.
Gardner	3-A Blanco Mesa Verde	State, Federal or Fee		MM-013642
Location:				
Unit Letter: <u>P</u>	<u>790'</u> Feet From The <u>South</u> Line and <u>840'</u> Feet From The <u>East</u> (SW SW)			
Line of Section: <u>31</u>	Township: <u>32N</u>	Range: <u>8W</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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Northwest Pipeline Corporation</u>	<u>P. O. Box 1526, Salt Lake City, Utah</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>--</u>	<u>--</u>
	<u>--</u>	<u>--</u>
	<u>--</u>	<u>--</u>
	<u>No</u>	<u>September 1, 1980</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	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't	Diff. Res't
		XX	XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>January 27, 1980</u>	<u>April 16, 1980</u>		<u>6100</u>		<u>5880</u>			
Elevations (DF, FAS, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>KB 6524', GL 6510'</u>	<u>Mesa Verde</u>		<u>5414-5847'</u>		<u>5869</u>			
Perforations					Depth Casing Shoe			
<u>5706'-5847' and 5414'-5626'</u>								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>13-1/2"</u>	<u>10-3/4"</u>	<u>191'</u>	<u>250</u>
<u>8-3/4"</u>	<u>7"</u>	<u>3661'</u>	<u>700</u>
<u>6-1/4"</u>	<u>4-1/2"</u>	<u>6091'</u>	<u>150</u>
	<u>2-3/8"</u>	<u>5869'</u>	

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	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>2430</u>	<u>24</u>		
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Back pr.</u>	<u>735</u>	<u>861</u>	<u>3/8"</u>

1. 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, Vernon J. Lowe
(Signature)

Assistant Director of Operations
(Title)

August 22, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 10 1980, 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 1104.

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 multiple completed wells.