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HO OF COPIES RECEIVED			
MISTRIBUTION	`	ONSERVATION COMMISSION	iom C-104 Supersedes Old C-104 and C-11
SANTAFE	REQUEST FOR ALLOWABLE AND		Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GA	1 5
LAND OFFICE	AUTHORIZATION TO TRA		
OIL /		RECEI	VED
TRANSPORTER GAS			
OPERATOR		JAN 24	1980
PROPATION OFFICE		01111 0 1 1000	
Operator Daniel Charges	Ina	O. C.	D.
Read & Stevens	, Itic.	ARTESIA, C	
t .	Roswell, New Mexico 88		
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion X	Oil Dry Go	as [
Change in Ownership	Casinghead Gas Conde	nsate	
If the section give name			
If change of ownership give name and address of previous owner			
n necessity of well AND	I DACE		
I. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	formation Kind of Lease	Lease No.
Calumet Ranch Unit	1 Strawn	- Wildcat State, XXXXXX	xxxx L-769
Location			
Unit Letter 0 :66	O Feet From The South Lin	ne and 1980 Feet From T	he East
Line of Section 21 To	wnship 12S Range	27E , NMPM,	Chaves County
	mon on our AND MATTIDAL C	A C	
I. DESIGNATION OF TRANSPOR	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)
Koch Oil Company		P.O. Box 2256, Wichita	, KS 67201
Name o: Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeli		P.O. Box 2521, Houston	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	
give location of tanks.	O 1 21 12S 27E	yes	4/24/79
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Rest
Designate Type of Completi	on = (X)	x	1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/6/79	11/28/79	7200'	6865'
Elevations (DF, RKB, RT, GR, etc.)		Top Otl/Gas Pay	Tuking Depth
3600.5'GR; 3612' RK	KB Strawn	6651'	6594 Depth Casing Shoe
Perforations			6900'
6651-57'	TURNIC CASING AN	ID CEMENTING RECORD	1 0,000
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE		260'	200
15" 11"	12 3/4" 8 5/8"	1225'	500
7 7/8"	4 1/2"	6900'	475
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allo
OIL WELL		depth or be for full 24 hours) Producing Method (Flow, pump, gas li	
Date First New Oil Run To Tanks	Date of Test	Linguistid Marrior (1 som! hamb! \$42	•
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	I dbiid Liessma		
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas-MCF
Actual Float Dailing 1991			
GAS WELL			To-many of Co-de-code
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
50	24	O Control D Cont	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	8/64"
Back pressure	525#	Pkr	
VI. CERTIFICATE OF COMPLIA	NCE	JAN 251	ATION COMMISSION
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	d regulations of the Oil Conservation with and that the information give		gresset
Commission have been complied above is true and complete to t	he best of my knowledge and belief	. BY	
-		TITLE SUPERVISOR	DISTRICT II

Production Clerk

January 22, 1980

(Title)

(Date)

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 allow-sble 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.