

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-110  
Effective 1-1-65

Operator Koch Exploration Company	
Address P. O. Box 2256, Wichita, KS 67201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dryden	Well No. #1	Pool Name, including Formation Basin - Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-013861
Location Unit Letter <u>D</u> : <u>800</u> Feet From The <u>North</u> Line and <u>840'</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>28N</u> Range <u>8W</u> , NMPM, San Juan County				

III. 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX 79999	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When
		No Aug. 24, 1981

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	XX							
Date Spudded Jan. 10, 1981	Date Compl. Ready to Prod. Feb. 12, 1981		Total Depth 6658		P.B.T.D. 6640			
Elevations (DF, RKB, RT, GR, etc.) GR 5759', KB 5771'	Name of Producing Formation Dakota		Top Oil/Gas Pay 6446		Tubing Depth 6572			
Perforations 6446, 6448, 6450, 6452, 6520, 6522, 6524, 6526, 6528, 6563, 6565, 6582, 6584, 6586, 6588, 6597, 6599, 6614, 6616, 6618, 6620, 6627, 6629, 6636, 6638		TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4	10-3/4		223		275 sx.			
8-3/4	7		2374		620 sx.			
6-1/4	4-1/2		6658		1235 sx.			

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

GAS WELL

Actual Prod. Test-MCF/D 1930	Length of Test 24 hours	Bbls. Condensate/MMCF NONE	Gravity of Condensate N/A
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 2120	Casing Pressure (Shut-in) 2160	Choke Size 3/4

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.

Vernon J. Spivey  
(Signature)  
Operations Manager  
(Title)  
August 21, 1981  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED AUG 31 1981  
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 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.