

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"/>	Designation of transporter of condensate
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	

If change of ownership give name
and address of previous owner

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, <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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau Inc.	P.O. Box 26251 Albuquerque, N.M. 87125
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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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		Depth Casing Shoe 6658						
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.					

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)

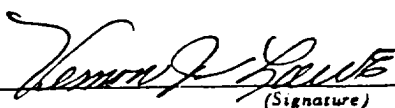
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1930	Length of Test 24 hours	Bbls. Condensate/MCF 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

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.


(Signature)
Operations Manager
(Title)
October 21, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 30 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.