DISTRIBUTION A NEW MEXICO OIL CONSERVATION COMMIS SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 AND/ FILE u.s.G.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Koch Exploration Company O. Box 2256, Wichita, KS 67201 Р. Reason(s) for filing (Check proper box) Other (Please explain) Change is Transporter of: Dry Gas Cil Recompletion Koch Exploration Company Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner _____ KOCH INDUSTRIES INC. P.O.BOX 2256 WICHITA, KANSAS 61201 DESCRIPTION OF WELL AND LEASE Pool Name, including Formation Kind of Lease Lease No. Lease Name State, Federal or Fee Federal NM-013861 Basin Dakota #2 Dryden Location Feet From The West Line and 1800 South 1100 Feet From The Unit Letter 8W County Line of Section 22 28N Ranae Township DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Congensate 🔀 Name of Authorized Transporter of Cil P.O. Box 26251 Albuquerque, N.M. 87125 Address (Give address to which approved copy of this form is to be sent) Plateau Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas. Box 1492, 79999 El Paso, TX El Paso Natural Gas Company Sec. P.ce. gas actually connected? If well produces oil or liquids, 24, 1981 August No If this production is commingled with that from any other lease or pool, give commingling order number COMPLETION DATA Same Resty. Diff. Resty. Gas Well New Well Workover Deepen Designate Type of Completion = (X) XX Date Compi. Ready to Prod. Total Decta P.B.T.D. Date Spudded 6796 6800 Feb. Feb. 19, 1981 2, 1981 Tubing Depth Top Cll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., 6760 6566 5819, KD 5831 Basin Dakota Depth Casing on 6646, 6648, 6681, 6683, 6701, 6715, 6730, Pertorations 6586, 6568, 6644, 6797 6764, 6768, 6772, 6776, 6780, 6784 6741, 6755, TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT DEPTH SET HOLE SIZE 257 250 10 - 3/413-3/4 450 2497 8-3/4 530 4-1/2 6797 6 - 1/4(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth of be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, sec. Date of Test Date First New Oil Run To Tanks Sqaing Pressure ske Size Tubing Pressure Length of Test MAY 3 1 1983 Water - Bbis Actual Prog. During Test DIST. 3 **GAS WELL** Grevity of Condensate Bbis. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test

None 24 hours 584 Casing Pressure (Shut-in) Testing Method (pitot, back pr.) ubing Pressure (Shat-in) 2" 2200 2200 OIL CONSERVATION COMMISSION

CERTIFICATE OF COMPLIANCE

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.

Operations Manager

(Date)

May 25, 1983

MAY 31 1983 APPROVED.

BY ___Original Signed by FRANK T. CHAYEZ

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, I name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply