

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION 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, Kansas 67201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Correction of Operator

If change of ownership give name and address of previous owner KOCH INDUSTRIES INC. P.O. BOX 2256 WICHITA, KANSAS 67201

DESCRIPTION OF WELL AND LEASE				
Lease Name Wright	Well No. #2	Pool Name, including Formation Aztec Pictured Cliffs	Kind of Lease State, Federal or Fee <u>State</u>	Lease No.
Location Unit Letter <u>I</u> ; <u>1700</u> Feet From The <u>South</u> Line and <u>975</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>29N</u> Range <u>10W</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) P. O. Box 1492, El Paso, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492 EL PASO, TEXAS 79978	
Does it produce oil or liquids, or a combination of tanks.	Unit	Sec. Township Range Pge.

If 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
Is it spudded	Is it compl. Ready to Prod.	Total Depth
Elevations (D.R., RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
Is it cased		Tubing Depth
		Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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, etc.)	Choke Size
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/Mcf	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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

(Signature)

Operations Manager

(Title)

May 25, 1983

(Date)

APPROVED

BY Original Signed by FRANK T. CHAVEZ

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, 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.