NO OF LIVE A MES	£1+4.
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G. S .	
LAND OFFICE	
IRANSPORTER	CIL
	GAS
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. NEWBAR

DUCCION CONSERVATION COMMISSION DEQUEST FOR ALLOWABLE	Form C=104 Supersedes Old C=10 4 and C=11 6 Effective 1=1-65		
AND	CHACITAE 1-1-02		

U.S.G.S.	AUTHORIZATION TO TRA	AND NASPORT OIL AND NATURAL	. GAS
I RANSPORTER CIL			
GAS			
OPERATOR PRORATION OFFICE	_		
Operator Koch Exploration Cor	mpany (Division of Koch I	ndustries, Inc.)	
Address			
P.O. Box 2256; Wich: Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Tringe to comparison of:	ond (Thuse explain)	
Recompletion	Fig. 5ay Gr		į
Change in Ownership	Conser	, tita X]	
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE	ernitter. Kind of Le	
Lease Name Howell	1-E Basin Dakot		end of Fee Federal NM-010468
Location	- 4.	· · · · · · · · · · · · · · · · · · ·	1000000
Unit Letter C 185	0 feet water West to	en in 1930 Feet From	m The North
Line of Section 3 To	ownship 30N Something	8W , NMPM,	San Juan County
II. DESIGNATION OF TRANSPOR	TER OF OU. AND NATURAL GA	S	
Name of Authorized Transporter of Carlos Plateau, Inc.	Tor Olizaniania 🔀	P.O. Box 1492; Farmi	nation NM 87401
	asinaber: 10 at 1 at 1 at 7 sais 🔀	Attest Give address to which app	roved copy of this form is to be sent)
Northwest Pipeline (P.O. Box 1526, Salt	
If well produces oil of it puts, give location of tanks.	C 13 30N 8W	NO	When: 3-1-81
	ith that from any other lease or pool.		
Designate Type of Completi	Fili Ael. Fas Wedi	1	Flug Sank — Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Figure	X 1 1 Tienth	P.P.T.C
8-15-80	9 -6- 80	7650	7638
Elevations (DF, RKR, RT, GR, etc.	Made of Producing Formation	For Oil/Gas Pay	Tubir i Captr
GR 6222' KB 6236	Dakota	7513-7627	7600
Perforations 7513-7627 (Selective) Dakota		Depth using Shoe 7649
,323 ,32, (3010001)		CEMENTING RECORD	,049
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4	10-3/4	241	275 sx
8-3/4 6-1/4	4-1/2	3248 7649	475 sx 460 sx
		<u> </u>	
OIL WELL	ab e for this de	oth or be for full 24 hours)	il and must be equal to or exceed top allow-
Date First New Cil Ban To Tanks	Date of Test	Freducing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Chok S
Dad Date Task	Oli-Bola.	Water - Bble.	Gan MCS Short
Actual Prod. During Test	Oh-saus.	i	<u> </u>
			TO SON COM
GAS WELL Actual Prod. Toot-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Candaniat
600	24	N/A	N/A
Testing Method (pitot, back pr.) Back pr	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in) 2420#	Choke Size**
I. CERTIFICATE OF COMPLIAN		OIL CONSERV	ATION COMMISSION
I hereby certify that the rules and	hereby certify that the rules and regulations of the Oil Conservation APPROVED APPROVED		, 19
Commission have been complied	with and that the information given e best of my knowledge and belief.	Opinical Signed by FRANK T. (HAVEZ	
1 0.0	<u></u>	This form is to be filed in compliance with RULE 1104.	
Memor Jan	If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devia		panied by a tabulation of the deviation
Assistant Operations	· · · · · · · · · · · · · · · · · · ·	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
• •	(litte) able on new and recompleted wells.		wells.
February 12,	ale,	Fill out only Sections I, well name or number, or transpo	II, III, and VI for changes of owner, order, or other such change of condition.

All sections of this form must be illed 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