

DISTRIBUTION	
DATA FE	
U.S.	
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:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input 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 Carle	Well No. #2	Pool Name, Including Formation Aztec, Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078138
Location				
Unit Letter B	810 Feet From The North	Line and 1585 Feet From The East		
Line of Section 20	Township 30N	Range 11W	San Juan County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)
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)
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. In gas actually produced

If this production is commingled with that from any other lease, 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.
Date Spudded 7-14-53	Date Compl. Ready to Prod. 8-10-53	Total Depth 2600'	P.B.T.D.					
Elevations (DP, RAB, RT, GR, etc.) CR 5723', KB 5731'	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2060'	Tubing Depth 2093'					
Perforations 2070-2600' (Open Hole)	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	155'	125 SX
8-3/4"	7"	2070'	175 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, 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by FRANK T. HAVEZ

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.