	NO. OF COPIES RECEIVED			
	DISTRIBUTION			
	SANTA FE			
	FILE			
	U.S.G.S.			
	LAND OFFICE			
	IRANSPORTER	OIL		
		GAS		
	OPERATOR			
1.	PRORATION OFFICE			

	SANTA FE	REQUEST FOR ALLUWABLE		Form C-104 Supersedes Old C-104 and C-11			
	FILE	4	AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	_ GAS			
	LAND OFFICE	4					
	TRANSPORTER OIL	4					
	GAS	1					
	OPERATOR	4					
1.	PRORATION OFFICE Operator	<u> </u>					
		none (Die of Vool Tode	atuina Tun \				
	Address Exploiation Com	pany, (Div. of Koch Indu	stries, inc.)				
		ita, KS 67201					
	P. O. Box 2256, Wich Reason(s) for filing (Check proper box	•	Other (Please explain)				
	New Well	Change in Transporter of:	Omer (1 tease explain)				
	Recompletion	Oil Dry Ga	is T				
	Change in Ownership	Casinghead Gas Conder	≓ !				
I							
	If change of ownership give name						
	and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE					
	Lease	Well No. Pool Name, Including F	ormation Kind of Le	ease Federal Lease No.			
1	$\mathcal{P}_{\mathtt{Mansfield}}$	l Basin Dakota	State Fod	eral or Fee SF-080776			
	Location						
	Unit Letter E : 1850 Feet From The North Line and 1000 Feet From The West						
	,,						
	Line of Section 25 Tov	wnship 30N Range	10W , NMPM,	San Juan County			
HI.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	proved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	Address (Give address to which app	proved copy of this form is to be sent)			
	El Paso Natural Gas		P. O. Box 1492, El Pa				
	If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected?	When			
	give location of tanks.	1	No	October 1, 1980			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA						
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
		, XX	XX				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	February 7, 1980	March 19, 1980	7304	7270 Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				
	GR 6127 Dakota		7067-7226	7216 Depth Casing Shoe			
	T CHOCKER OF THE CONTRACT OF T						
	7067-72 and 7224-26'		D CENEVILING DECORD				
			DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE		250 sx.			
	14-3/4" 8-3/4"	10-3/4"	216 3411	575 sx.			
	6-1/4"	4-1/2"	7300	500 sx.			
	0-1/4	2-3/8"	7216	300 34:			
	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all						
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load (epth or be for full 24 hours)	oil and must be equal to or exceed top allow			
	Date First New Oil Run To Tanks	⊃ate of Test	Producing Method (Flow, pump, gas	s lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke size			
				SEDO			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-NCF 55 1980			
				OIT SON CON			
	l	Dist 2					
	GAS WELL			51.3			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	1430	24	O	0			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back pr.	2180	2200	3/8"			
vi	CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION			
¥ I.	CERTIFICATE OF COMPLIAN	√ -	SEP 3	1980			
	I haveby cartify that the sules and	regulations of the Oil Conservation	APPROVED, 19, 19				
	Commission have been complied	with and that the information given					
	above is true and complete to the	e best of my knowledge and belief.	BY Original organia by the	Toloro			
			TITLE SUPERVISOR DI	SUPERVISOR DISTRICT			
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
		Warnen T Tarre					
	- flammed your	, Vernon J. Lowe		wall this form must be accompanied by a tabulation of the deviation			
	(Sign	Matter C /	tests taken on the well in ac	cordance with RULE 111.			

Assistant Operations Manager

(Title)

1980 September 23, (Date)

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.