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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-116  
Effective 1-1-65

Operator Koch Exploration Company(Div of Koch Industries, Inc.)	
Address P.O. Box 2256; Wichita, Kansas 67201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name William Mansfield	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal	Lease No. SF-080776
Location				
Unit Letter E ; 1850 Feet From The North Line and 1000 Feet From The West				
Line of Section 25 Township 30N Range 10W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	P.O. Box 108; Farmington, NM 84701					
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 Company	P.O. Box 1492; El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 25	Twp. 30N	Rge. 10W	Is gas actually connected? Yes	When October 1, 1980

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		XX	XX					
Date Spudded February 7, 1980	Date Compl. Ready to Prod. March 19, 1980		Total Depth 7304'		P.B.T.D. 7270'			
Elevations (DF, RKB, RT, GR, etc.) GR 6127'	Name of Producing Formation Dakota		Top Oil/Gas Pay 7067-7226		Tubing Depth 7216'			
Perforations 7067-72 and 7224-26'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	216	250 sx
8-3/4"	7"	3411	575 sx
6-1/4"	4-1/2"	7300	500 sx
	2-3/8"	7216	

VI. 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1430	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pitot, back pr.) Back pr.	Tubing Pressure (Shut-in) 2180	Casing Pressure (Shut-in) 2200	Choke Size 3/8"

VII. 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.

Oswald L. Schmitt  
(Signature)  
Operations Manager  
(Title)  
11-18-80  
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 24 1980, 19\_\_\_\_  
BY Original Signed by CHARLES GHOLSON  
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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.