

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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	
Address P. O. Box 2256, Wichita, KS 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 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 <u>William Mansfield</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Dakota</u>	Lease Federal State, Federal or Fee	Lease No. <u>SF-080776</u>
Location Unit Letter <u>E</u> ; <u>1850</u> Feet From The <u>North</u> Line and <u>1000</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>30N</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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Plateau</u>	<u>P. O. Box 108, Farmington, New Mexico 87401</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<u>No</u> <u>October 1, 1980</u>

If this 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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>XX</u>	<u>XX</u>					
Date Spudded <u>February 7, 1980</u>	Date Compl. Ready to Prod. <u>March 19, 1980</u>	Total Depth <u>7304</u>		P.B.T.D. <u>7270</u>				
Elevations (DF, RKB, RT, etc.) <u>GR 6127</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>7067-7226</u>		Tubing Depth <u>7216</u>				
Perforations <u>7067-72 and 7224-26'</u>				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>14-3/4"</u>	<u>10-3/4"</u>	<u>216</u>		<u>250 SX.</u>				
<u>8-3/4"</u>	<u>7"</u>	<u>3411</u>		<u>575 SX.</u>				
<u>6-1/4"</u>	<u>4-1/2"</u>	<u>7300</u>		<u>500 SX.</u>				
	<u>2-3/8"</u>	<u>7216</u>						

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 <u>1430</u>	Length of Test <u>24</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>0</u>
Testing Method (pilot, back pr.) <u>Back pr.</u>	Tubing Pressure (Shut-in) <u>2180</u>	Casing Pressure (Shut-in) <u>2200</u>	Choke Size <u>3/8"</u>

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, Vernon J. Lowe
(Signature)
Operations Manager
(Title)
May 25, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 31 1983, 19
BY Original Signed by FRANK T. CHAVEZ
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.