

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-110  
Effective 1-1-65

Operator Koch Exploration Company, (Division of Koch Industries Incorporated)	
Address P. O. Box 2256                      Wichita, KS 67201	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE	
Lease Name William Mansfield	Well No. E-1      Pool Name, including Formation Basin Dakota
Kind of Lease State, Federal or Fee Federal	
Lease No. SF-080776	
Location	
Unit Letter B      845      Feet From The North      Line and 1745      Feet From The East	
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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit      Sec.      Twp.      Rge.      Is gas actually connected?      When
B      25      30N      10W      Yes	March 1, 1981

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

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well      Gas Well      New Well      Workover      Deepen      Plug Back      Same Res'v.      Diff. Res'v.
	XX      XX
Date Spudded 9-15-80	Date Compl. Ready to Prod. 10-10-80
Total Depth 7338'	P.B.T.D. 7310'
Elevations (DF, RKB, RT, GR, etc.) 6079' GR	Name of Producing Formation Dakota
Top Oil/Gas Pay 7124-7280	Tubing Depth 7273
Perforations 7124-7130, 7134-52, 7220-46 and 7274-80	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
14-3/4"	10-3/4"
8-3/4"	7"
6-1/4"	4-1/2"
DEPTH SET	SACKS CEMENT
212'	275 SX
3544'	580 SX
7346'	650 SX

V. 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 869	Length of Test 24
Bbls. Condensate/MMCF 2 BOP	Gravity of Condensate 50
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 2130
Casing Pressure (Shut-in) 2160	Choke Size 2"

I. 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.	
 (Signature)	
Productions Operations Manager (Title)	
June 23, 1981 (Date)	

OIL CONSERVATION COMMISSION	
JUL 1 - 1981	
APPROVED	
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.	