	<del></del>				
NO. OF COPIES RECEIVED					
DISTRIBUTION	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMISSION			
SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old Effective 1-1-65	C-104 and C-11
FILE /		AND		2	<b>.</b> 46
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND N	ATURAL GAS		
LAND OFFICE	4				
TRANSPORTER OIL /					
GAS /					
OPERATOR 4					
PRORATION OFFICE					
Operator	a Tao				
Koch Industrie	es, inc.				
Address	Wichita Vancas 67201				
i	Wichita, Kansas 67201	[0]( (0)		<u> </u>	
Reason(s) for filing (Check prope		Other (Please	explain)		
New Well	Change in Transporter of:				ŽŽ.
Recompletion	Oil Dry C				<u> </u>
Change in Ownership	Casinghead Gas Cond	ensate			
Make a second and a second a second	m e				
If change of ownership give na and address of previous owner					
•					
II. DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including	Formation	Kind of Lease		Lease No.
Lease Name	1		State, Federal or Fee	Federal	NM 03187
Lambe	2-A Blanco/Mesa	verde			
Location	1100 Couth	1485	_ Feet From The	TE 6 +	
Unit Letter;	1180 Feet From The South	ine and	_ Feet From The	east.	
20	2111	10W NMPM.	San Juan	•	ිර් County
Line of Section 20	Township 31N Range	TOW , NMPM,	Jan Juan		
III. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL G	Address (Give address t	n which approved cop	v of this form is t	
Name of Authorized Transporter	of Off Off Condensate K	· ·			
Plateau, Inc. Name of Authorized Transporter	of Casinghead Gas X or Dry Gas	P.O. Box 108, Address (Give address t	rarmington,	v of this form is t	o be sentla
I		P.O. Box 1492,			
El Paso Natural Ga		Is gas actually connecte			
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually confiden	. 1		
give location of tanks.					
If this production is commingl	ed with that from any other lease or poo	l, give commingling order	number:		<u> </u>
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Res	rv. Diff. Res'v.
Designate Type of Com		X		1	
	Date Compl. Ready to Prod.	Total Depth	P.B.	T.D.	
Date Spudded	4-10-75	5468		5130*	1
3-17-75		Top Oil/Gas Pay	Tubi	ng Depth	**
Elevations (DF, RKB, RT, GR,		4320*		44001	ų.
6096 GR 6108 GR	Mesa Verde	4320	Dept	h Casing Shoe	
Perforations 4320-52	00 •				
		ND CENENTING DECOR			:
		ND CEMENTING RECOR		SACKS CEN	MENT
HOLE SIZE	CASING & TUBING SIZE	198°	<u>- 1                                   </u>	200	
12-1/4"	7"	3490 •		500	
8-3/4*	4-1/2"	3312-5467		275	
6-1/4"		4400		213	
	2-3/8"		<del> </del>		
V. TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be	e after recovery of total volu depth or be for full 24 hours	me of load oil and mu .)	st be equal to or	exceed top allow
OIL WELL	able for this	Producing Method (Flou		CENT IN	
Date First New Oil Run To Tan	Date of Test	Producting Memor (1		<b>/{CF \</b>  }	D/
		Casing Pressure	Cho	047 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- To-
Length of Test	Tubing Pressure	Cosing Pressure	1.7	KEr.	75
		Water-Bbls.	dos	-MCF. 0 1 1	<del>312  </del>
Actual Prod. During Test	Oil-Bbis.	Adiet - Dnie.	17.	AUG 1	-ON. /
					<del>CO.,,\</del>
			\	UII. COM.	3/
GAS WELL		Bbls. Condensate/MMC	F   G	vity of Condenset	
Actual Prod. Test-MCF/D	Length of Test	pata, Condensate/MMC	· Grav		-

Open Flow VI. CERTIFICATE OF COMPLIANCE

Cesting Method (pitot, back pr.)

3429

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.

Danale	L. Sehnist (Signature)	
	(Signature)	
Operations	Manager	

(Title) (Date)

24 hours

712

Tubing Pressure (Shut-in)

OIL CONSERVATION COMMISSION

Choke Size

3/4"

	AUG 1	y	19	IJ	ļ
PPROVED			- •	19	•

Original Signed by A. R. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 3

None

712

Casing Pressure (Shut-in)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or depended well, this form must be accompanied by a tabulation of the delation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for ellowable 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.