## DISTRIBUTION SATA FE FILE

## NEW MEXICO CIL CONSERVATION COMMANDINATURE AND AND NATUR

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

D DEFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
THANSPORTER GAS			
OPERATOR PROBATION OFFICE			•
Koch Exploration Co	mpany		
P. O. Box 2256, Wichita, Kansas 67201			
: Recsan(s) for filing (Check proper bai	ilita, Ransas 0/201	Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil Dry G		
Change in Ownership X	Casinghead Gas Condu	Correction	of Operator
If change of ownership give name K INDUSTRIS INC.P.O.BOX 2256, WICHITA, KANSAS 67201 and address of previous owner K INDUSTRIS INC.P.O.BOX 2256, WICHITA, KANSAS 67201			
DESCRIPTION OF WELL AND			
Leuse Name LAMBE	Well No. Fool Name, Including F	, , , , , , , , , , , , , , , , , , , ,	Lease No.
LAMBE 6 Blanco/Pictured Cliffs State, Federal NMO3187			
Unit Letter 0 ; 900 Feet From The South Line and 1450 Feet From The East			
Line of Section 20 Township 31N Pange 10W NMFY San Juan County			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of CL	or Condensate	Address (Give address to which appro	ved copy of the form is to be sent)
Name of Authorized Transporter of Ca	singhead Gas ( ) or Dry Gas 🔀	Address (138) Adress to which appro-	ved copy of this form is to be sent)
El Paso Natural Gas	Co.	P O Box 497 El Paso	. 300
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	It gas actually comes to the No	en ·
If this production is commingled with that from any other lease or pool, give commingling order number:			
Designate Type of Completis	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Rea'v.
Data Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
11 1 72	1 12 76	2980'	2938
Cavations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
6097' GR 6118' KI	Pictured Cliffs	2815'	2766¹ Depth Casing Shoe
2815~2854			
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
9-7/8"	7"	198'	150
6-1/4"	415"	2979 '	300
and the same the same the same that the same the	2-3/8"	2766'	-
TEST DATA AND REQUEST FOR ALL MABLE (Test must be after secovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
OIL WEIL  Date First New Cil Run To Tanks		Producing Method (Flow, pump, gas lif	i, etc.)
Langth of Feat	Tubing Pressure	Casing Pressure D E C E	
Langth of Feat	I uping Plasage	Caning Printing D	
Actual Brod. During Test	Ott-Bale.	Water-Bble. MAY 31	983 MCF
		OIL CON. DIV.	
GAS WELL Admid Prod. Test-MCF/D	Length of Test		Gravity of Condensate
450 Testing Method (pitot, back pr.)	24 hrs ½ Tubing Pressure (Shut-in)	tr	n/a Choke Size
Flow	I doing Pressure ( BRUE-In )	200	1-1/4"
CERTIFICATE OF COMPLIANCE	CE	{	TION COMMISSION
	egulations of the Oil Conservation with and that the information given	APPROVED MAY 3 1 1983	
bove is true and complete to the best of my knowledge and belief.		Original Signed by FRANK T. CHAVEZ  SUPERVISOR DISTRICT # 3	
Vernon J. Lowe  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despense			
(Signa	iture)	well, this form must be accompant tests taken on the well in accord	iled by a tabulation of the deviation
Operations Manager (Title)		All sections of this form must be filled out completely for allow-	
May 25, 1983		able on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes of owner.	
(Date)		well name or number, or transports	r, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply remoteted wells.			