

DISTRIBUTION	
SANTA FE	
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	
Address P. O. Box 2256, Wichita, Kansas 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"/>
Change in Ownership <input checked="" type="checkbox"/>	Dry Gas <input 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 LAMBE	Well No. 7	Pool Name, Including Formation Blanco/Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM 03187
Location Unit Letter <u>M</u> ; <u>1190</u> Feet From The <u>South</u> Line and <u>970</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>31N</u> Range <u>10W</u> , NMF <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>Platinum Inc.</u>	
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)
<u>El Paso Natural Gas Co.</u>	<u>P. O. Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Type Range Is gas actually connected? When
	No

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.
		X						
Date Spudded 11-7-75	Date Compl. Ready to Prod. 1-15-76	Total Depth 3019'	P.B.T.D. 2977'					
Elevations (DF, RKB, RT, GR, etc.) 6126' GR 6137' KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2875'	Tubing Depth 2841'					
Perforations 2875-2911'	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-7/8"	7"	215'	150
6-1/4"	4 1/2"	3018'	350
	2-3/8"	2841'	

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
RECEIVED MAY 31 1983			

GAS WELL

Actual Prod. Test - MCF/D 800	Length of Test 24 hrs	Bbls. Condensate/MMCF tr	Gravity of Condensate n/a
Testing Method (pitot, back pr.) Flow	Tubing Pressure (shut-in) 120	Casing Pressure (shut-in) 150	Choke Size 1-1/4"

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

(Signature)

Operations Manager

(Title)

May 25, 1983

(Date)

OIL CONSERVATION COMMISSION

MAY 31 1983

APPROVED _____, 19 _____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE _____

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.