

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROPRATION 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 1-1-85

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"/> 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 **ROCH INDUSTRIES INC. P.O. BOX 2256, WICHITA, KANSAS 67201**

DESCRIPTION OF WELL AND LEASE

Lease Name WALKER	Well No. 5	Pool Name, Including Formation Blanco/Pictured Cliff	Kind of Lease State, Federal or Fee Federal	Lease No. NM 014110
Location Unit Letter <u>A</u> ; <u>1140</u> Feet From The <u>North</u> Line and <u>1050</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>31N</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>El Paso Natural Gas</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 <u>A</u> Sec. <u>13</u> Twp. <u>31N</u> Rge. <u>10W</u> Is gas actually connected? <u>Yes</u> When

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

Completion Data		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X						
Date Spudded <u>2-25-76</u>	Date Compl. Ready to Prod. <u>3-16-76</u>	Total Depth <u>3551'</u>		P.B.T.D. <u>3450'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6580'KB</u> <u>6569'GL</u>	Name of Producing Formation <u>Pictured Cliff</u>	Top Oil/Gas Pay <u>3367'</u>		Tubing Depth <u>3372'</u>					
Perforations <u>3367-3423' Pictured Cliff</u>		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
<u>9-7/8"</u>	<u>7"</u>	<u>184'</u>		<u>150 SX</u>					
<u>6-1/4"</u>	<u>4 1/2"</u>	<u>3547'</u>		<u>425</u>					
	<u>2-3/8"</u>	<u>3372'</u>							

TEST DATA AND REQUEST FOR ALLOWABLE 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 WELL		Bbls. Condensate/MMCF		Gravity of Condensate
Actual Prod. Test - MCF/D <u>1291</u>	Length of Test <u>24 hrs</u>	<u>1207</u>		<u>None</u>
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure (Shut-in) <u>842</u>	Casing Pressure (Shut-in) <u>843</u>	Choke Size <u>.750</u>	

CERTIFICATE OF COMPLIANCE

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	<u>[Signature]</u>
(Signature)	
Operations Manager	
(Title)	
May 25, 1983	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	<u>MAY 31 1983</u> , 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.