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FICE

CONSERVATION COMMISSION

ALLOWABLE

AND

ORMATION PORT OIL AND NATURAL GAS

Koch Industries Inc.

P.O. Box 2256, Wichita, Kansas 67201

(Check one box)

Other (Please explain)

X

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

shi[p] give name
vious owner Koch Exploration Company

OF AND LEASE

Well No. | Pool Name, Including Formation | Kind of Lease | Lease No.

State, Federal or Fee

Walker 1-R Blanco/Mesa Verde Federal 013688-A

A 990 Feet From The North Line and 990 Feet From The East

13 Section 31N Township 10W Range NMPM, San Juan County

OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil or Condensate X

Address (Give address to which approved copy of this form is to be sent)

Plateau Inc Box 108, Farmington, N.M. 87401

Transporter of Casinghead Gas or Dry Gas XX

Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Co. Box 1492, El Paso, N.M.

Unit Sec. Twp. Rge. Is gas actually connected? When

If tanks, or liquids, tanks.

A 13 31N 10W yes 2-18-77

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

DATA

Type of Completion – (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Restv. | Diff. Restv.

Date Compl. Ready to Prod. | Total Depth | P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth

Perforations | Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT

D REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this pool for full 24 hours)

Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.)

Casing Pressure | Tubing Pressure | Choke Size

Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate

Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size

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.

OIL CONSERVATION COMMISSION

APPROVED MAR 6 1978, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST.

Shirley McGuire
(Signature)

Technical Assistant
(Title)

2-21-78
(Date)

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.