

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator KOCH EXPLORATION COMPANY	Well API No. 30-045-27983
Address PO Box 2256, Wichita, KS 67201-2256	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gardner C	Well No. 2-4	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease <del>State</del> , Federal or <del>Other</del>	Lease No. NM-013642
Location				
Unit Letter G	: 1810	Feet From The north	Line and 1500	Feet From The east
Section 31	Township 32N	Range 8W	NMPM,	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> n/a	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Company	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When ?
	no	10-15-92

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-6-90	Date Compl. Ready to Prod. 5-6-90		Total Depth 3417'		P.B.T.D. n/a			
Elevations (DF, RKB, RT, GR, etc.) 6516' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3119'		Tubing Depth 3040			
Perforations OH 3119-3417					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4" csg		228' KB		190 sx CLB			
8-3/4"	7" csg		3082' KB		506 sx Lite, 100 sx reg			
	2-3/8" tbg		3069.58' KB					

V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 001 1/2 1992
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF OIL CON. DIV. DIST. 3

GAS WELL

Actual Prod. Test - MCF/D shut-in	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 1440#	Casing Pressure (Shut-in) 1440#	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given above  
is true and complete to the best of my knowledge and belief.

Signature  
Randolph B. Whipple  
Printed Name  
10-5-92  
Date  
Prod. Admin. Coordinator  
Title  
316-832-5345  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 28 1992

By Brian J. Chang  
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.