

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUL 15 1980

READ & STEVENS, INC.

O. C. D.
ARTESIA OFFICE

Address

P.O. BOX 1518, ROSWELL, NM 88201

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

EFFECTIVE 7:00 A.M. JULY 16, 1980

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
MWJ STATE	1	CHAVEROO SAN ANDRES	State, XXXXXXXXX	K-3189
Location				
Unit Letter	A	660 Feet From The	NORTH Line and	380 Feet From The
Line of Section	2	Township	8S	Range
			32E	Range
			CHAVES	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
KOCH OIL COMPANY	P.O. BOX 2256, WICHITA, KANSAS 67201					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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
	A	2	8S	32E		

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	Side Restor.	Well Rehab.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DF, RAB, RT, GK, 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

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 oil
able for this depth or be for full 24 hours)

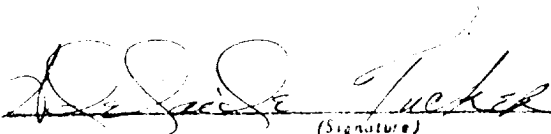
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Dbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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)

PRODUCTION CLERK

JUNE 27, 1980

(Date)

(Date)

OIL CONSERVATION DIVISION

APPROVED: JUL 15 1980, 19

BY: 

Jerry Sexton

TITLE: Dist. 1, Santa Fe

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 deviate
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-
able 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 well to maintain