

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
Koch Exploration Company (915) 683-5468Address
1110 Briercroft Bldg., Midland, TX 79701

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please Specify)

Casinghead Gas MUST NOT BE
PLACED IN
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Rock Island State	Well No. 1	Pool Name, including Formation North Vacuum (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. E 1774-2
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>17-S</u> Range <u>34-E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, First Nat'l. Bk. Bldg, Dallas, TX 75221					
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 <u>C</u>	Sec. <u>3</u>	Twp. <u>17-S</u>	Rge. <u>34-E</u>	Is gas actually connected? no gas prod.	When

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't.	☒ Lift. Res't.
Date Spudded 10-28-83	Date Compl. Ready to Prod. 11-22-83		Total Depth 11,007		P.B.T.D. 10,700			
Elevations (DF, RAB, RT, GR, etc.) 4075 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 4684		Tubing Depth 4774			
Perforations 4747, 4731, 4719, 4712, 4709, 4678-84					Depth Casing Shoe 11,007			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14"	13 3/8" Csg.	355'	200
9 1/2"	8 5/8" Csg.	4100'	500
6 1/2"	5 1/2" Csg.	11000'	1000
	2 3/8" Tbg.	4774'	

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 11-16-83	Date of Test 12-19-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 50#	Casing Pressure None	Choke Size No Choke
Actual Prod. During Test 7 BO + 13 BW	Oil - Bbls. 7 BO	Water - Bbls. 13 BW	Gas - MCF None

GAS WELL

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

B. D. LIVELY

District Landman

OIL CONSERVATION DIVISION
DEC 27 1983

APPROVED

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

BY

TITLE

This form is to be filed in compliance with RULE 1100.

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 Form C-104 must be filed for each pool in multiple completed wells.

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