## PILE U B.O.S. LAND OFFICE TRANSPORTER OIL OAB

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

TRANSPORTER OIL	REQUEST FOR ALLOWABLE AND		
OPERATION PAUNATION OFFICE Operator	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
Koch Exploration Co	ompany (915) 683-5468		
1110 Briercroft Bl	dg., Midland, Texas 7970		
Reason(s) for filing (Check proper box  New Wet!  Recompletion  Change in Ownership(X)	Change in Transporter of:  Oil Dry G  Casinghead Gas Conde	FROM: Pennzoil Com TO: Koch Explorat	nange of Well Name npany #1 Rock Island St. ion Company #1 Rock
If change of ownership give name and address of previous owner	Pennzoil Company, P.O.	Drawer 1828, Midland, Te	xas 79702
DESCRIPTION OF WELL AND LEASE    reas Name   Well No.   Pool Name, Including Formation   Kind of Lease   Lease No.			
Rock Island St			or F•• State E-1774-2
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West			
Line of Section 3	wnship 17-S Range	34-Е , <sub>NMPM</sub> , Lea	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)  Temporarily Abandoned			
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? Whe	en
f this production is commingled with COMPLETION DATA	th that from any other lease or pool,		
Designate Type of Completion	on - (X)   Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	'ame of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Ferforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FO		pth or be for full 24 hours)	and must be equal to or exceed top allou-
Oute First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas-MCF
GAS WELL	<u> </u>		
Actual Frod. Tool-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate

Cosing Pressure (Shut-in) Choke Size Tubing Presews (shut-la) Teeling Method (pitot, back pr.) OIL CONSERVATION DIVISION I. CERTIFICATE OF COMPLIANCE SEP 28 1983 APPROVED. 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. ORIGINAL SIGNED BY JERRY SEXTON BY DISTRICT I SUPERVISOR TITLE \_ This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. (Signalwe) District Landman

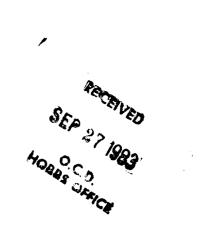
> (Tule) 9-28-83

(Date)

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.



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