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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION.  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
Koch Exploration Co.  
Address  
P.O. Box 2256      Wichita, Kansas 67202  
Reason(s) for filing (Check proper box)      Other (Please explain)  
New Well ☐      Change in Transporter of:      Dry Gas ☐  
Recompletion ☐      Oil ☒      Casinghead Gas ☐      Condensate ☐  
Change in Ownership ☐

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Miller B State	Well No. 2	Pool Name, Including Formation North Vacuum/Abo	Kind of Lease State, Federal or Fee      State	Lease No. E-1774-2
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>2105</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				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 731      Haskell, Texas 79521					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 N	Sec. 3	Twp. 17S	Rge. 34W	Is gas actually connected? no	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-24-72	Date Compl. Ready to Prod. 8-30-72		Total Depth 8877'		P.B.T.D. 8842'			
Elevations (DF, RKB, RT, GR, etc.) 4064 Gr.	Name of Producing Formation Abo		Top Oil/Gas Pay 8676		Tubing Depth 8830			
Perforations 8735-42    9729-32    8715-26    8708-12    8687-91					Depth Casing Shoe 8877			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		370'		400			
11 1/2	8 5/8		3100'		375			
7 7/8	5 1/2		8877'		1st stage 250 2nd Stage 150			

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 Tanks 8-30-72	Date of Test 9-4-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 50#	Casing Pressure 50#	Choke Size 2"
Actual Prod. During Test 85 Bbls.	Oil - Bbls. 85	Water - Bbls. 0	Gas - MCF 0

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

VI. CERTIFICATE 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.

Kenneth A. Seymour  
(Signature)  
Administrative Coordinator  
(Title)  
November 2, 1982  
(Date)

OIL CONSERVATION COMMISSION  
NOV 5 1982

APPROVED \_\_\_\_\_ ORIGINAL SIGNED BY \_\_\_\_\_, 19\_\_\_\_  
BY JERRY SEXTON  
DISTRICT 1 SUPR.  
TITLE \_\_\_\_\_

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.