

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I.

Operator Koch Exploration Company	
Address P.O. Box 2256 Wichita, Kansas 67201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Miller State	Well No. 2-B	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>17S</u> Range <u>34E</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"/> International Crude Corp.	Address (Give address to which approved copy of this form is to be sent) 2454 Industrial Blvd. Abilene, TX 79605					
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. 34E	Is gas actually connected? no	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
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, 8729-32, 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 " -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 50

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Permian Basin Exploration Manager

5-26-82

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 8 1982, 19____BY ORIGINAL SIGNATURETITLE PERMITS SECTION

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.