

District I
PO Box 1940, Hobbs, NM 88241-1940
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Mineral Technologies, Inc. P. O. Box 5823 Midland, TX 79701		141913 OGRID Number
CO Change of Transporter (Out)		Reason for Filing Code
API Number 30-025-27007	Pool Name Buckeye Abo	Pool Code 08100
Property Code 18408	Property Name Gulf State	Well Number 4

II. Surface Location

UL or lot no. B	Section 9	Township 18S	Range 35E	Lot Ida	Feet from the 990	North/South Line N	Feet from the 1980	East/West line E	County Lea
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code S	Producing Method Code P	Gas Connection Date 12/6/80	C-129 Permit Number	C-129 Effective Date 12/1/96	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID 12852	Transporter Name and Address Koch Oil Company P. O. Box 2256 Wichita, KS 67201	POD 0621110	O/G 0	POD ULSTR Location and Description B 9 18S 35E Lea County

IV. Produced Water

POD 0621150	POD ULSTR Location and Description B 9 18S 35E Lea County
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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: Carter D. Copeland		OIL CONSERVATION DIVISION Approved by: [Signature] Title: [Signature] Approval Date: [Signature]	
Printed name: Carter D. Copeland			
Title: President			
Date: 12/6/96	Phone: 915 685-3520		

If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature	Printed Name	Title	Date