

NO. COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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 Company  
Address  
P.O. Box 2256, Wichita, Kansas 67201  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 12/1/84  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
Bridges State  
Well No. 2  
Pool Name, Including Formation  
Vacuum, San Andres  
Kind of Lease  
State, Federal or Fee State  
Lease No.  
E-1774-2  
Location  
Unit Letter L, 660 Feet From The West Line and 1980 Feet From The South  
Line of Section 3 Township 17S Range 34E, NMPM, Lea, County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Koch Oil Company  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 2256, Wichita, Kansas 67201  
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 L Sec. 3 Twp. 17S Rge. 34E  
Is gas actually connected? 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 X Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded 7-30-84 Date Compl. Ready to Prod. 8-10-84 Total Depth 4790' P.B.T.D. 4728'  
Elevations (DF, RKB, RT, GR, etc.) GL 4068' KB 4077' Name of Producing Formation San Andres Top Oil/Gas Pay Perforations Tubing Depth 4709'  
Perforations 4694-4702', 0.38", 4 HPF Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
8-5/8 12-1/4 1514 700 sx  
4-1/2 7-7/8 4790 486 sx  
2-3/8 4709

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 8-11-84 Date of Test 8-20-84 Producing Method (Flow, pump, gas lift, etc.) Rod Pump, 1-1/4"  
Length of Test 24 hrs. Tubing Pressure -- Casing Pressure -- Choke Size --  
Actual Prod. During Test Oil-Bbls. 4 Water-Bbls. 31 Gas-MCF TSTM

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, 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.  
Georgia A. Bonat  
(Signature)  
Production Clerk  
(Title)  
September 27, 1984  
(Date)  
OIL CONSERVATION COMMISSION  
OCT 11 1984  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
ORIGINAL SIGNED BY JERRY SEXTON  
BY \_\_\_\_\_ DISTRICT 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 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.

RECEIVED

OCT 10 1984

OCD  
HOBBS OFFICE