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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator THE ANSCHUTZ CORPORATION		Well API No. 30-025-31438
Address 1221 LAMAR STE 1100 HOUSTON, TX 77010		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	FLARED AFTER 5-1-92
Recompletion <input type="checkbox"/>		UNLESS AN EXCEPTION TO R-4070
Change in Operator <input type="checkbox"/>		IS OBTAINED.
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name ARCO	Well No. 1	Pool Name, Including Formation S. KNOWLES DEVONIAN	Kind of Lease State, Federal or (Fee)	Lease No.
Location Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 1B Township 17 SOUTH Range 39 EAST , 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 - A DIVISION OF KOCH INDUSTRIES INC	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1558 BRECKENRIDGE, TX 76424	
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 K	Sec. 1B
	Twp. 17S	Rge. 39E
	Is gas actually connected? <input type="checkbox"/> 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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/3/91	Date Compl. Ready to Prod. 3/3/92		Total Depth 12210		P.B.T.D. 12210			
Elevations (DF, RKB, RT, GR, etc.) 3662' GR	Name of Producing Formation DEVONIAN		Top Oil/Gas Pay 12062		Tubing Depth 12000			
Perforations 12062-080'; 12130-170'; 12194-210 OPEN HOLE					Depth Casing Shoe 12194			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13 3/8"		DEPTH SET 490'		SACKS CEMENT 500			
	8 5/8"		4903'		1950			
	5 1/2"		12194'		700			

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 Tank 2/23/92	Date of Test 2/23/92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure NA	Casing Pressure 0	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 19	Water - Bbls. 18	Gas - MCF NA

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. OPERATOR 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.

Signature 
Printed Name **Phil Amy** Title **Div Production Mgr**
Date **3/4/92** Telephone No. **713/651-0281 EXT 220**

OIL CONSERVATION DIVISION

Date Approved **MAR 13 1992**

By **ORIGINAL SIGNATURE BY SEXTON**
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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