Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

5.	Lease	Serial	No.

_	•	_	_		_		_	_	-	-	 •	•
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6. If Ind	ian Al	ottee or T	ribe Na

SUNDRY NOTICES AND REPORTS ON WELLS	\)	NM-013642
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals্ক আইখি)	D. D.	6. If Indian, Allottee or Ti
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abandoned we	ell. Use Form 3160-3 (APD) for such prop	osals.	037723	NA	Allottee or Tribe Name		
SUBMIT NATE	IPLICATE: Other Instru	ictions on re	erse sid	\$0.000		CA/Agreement, Name and/or No.		
1. Type of Well		Į.		203	NA			
Oil Well Gas Well	Other		i i i i)	% Well Nam	ne and No.		
2. Name of Operator		15	5. M		Gardner 6A			
Koch Exploration Company, LLC	<u> </u>	<u> </u>			9. API Well			
3a. Address	i	3b. Phone No. (nclude area	code)		72 36742		
PO Box 489, Aztec, NM 87410		(505) 334-9111		منعظاهاد ماند	ŀ	Pool, or Exploratory Area		
4. Location of Well (Footage, Sec.,	T, R., M., or Survey Description,)			Blanco Mesa Verde 11. County or Parish, State			
S25, T32N, R9W (A) 710' FNL & 1260' FEL			•		11. County o	r Parish, State		
710 1145 & 1200 125					San Juan, N	New Mexico		
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE N	ATURE C	OF NOTICE, RI	EPORT, OR	OTHER DATA		
TYPE OF SUBMISSION			TYPE C	F ACTION				
_	Acidize	Deepen		Production (Start	/Resume)	Water Shut-Off		
Notice of Intent	Alter Casing	☐ Fracture Treat		Reclamation	1	Well Integrity		
✓ Subsequent Report	Casing Repair	☐ New Construc	tion 🔲	Recomplete		Other Production Casing		
Subsequent Report	Change Plans	Plug and Abar	ndon 🗖	Temporarily Aba	andon	& Cement		
Final Abandonment Notice	Convert to Injection	Plug Back		Water Disposal	,			
Drilled 6 1/4" hole and ran 4-1/2 Ran centralizers on the bottom 3 Cemented with 225 sks 50/50 Cl held 1200 psi. CBL and PSI test will be run at a	joints including shoe joint, the assG:Poz, 4% Gel, .25#//sk D2	n every 400'. Floa	it Collar @	6466'	oseal, 13.0# c	ement, yield 1.43. Plug down,		
14. I hereby certify that the foregoin Name (Printed Proped) John Clark	g is true and correct	Ti	^{tle} District	Superintendent				
Signature Signature	NO K	D	ate 8/19/03					
	THIS SPACE F	or federal	OR STÁTI	É OFFICE ÚSE				
Approved by (Signature)			Name (Printed/1	Typed)	ACQ	EPTED FOR RECORD		
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to	al or equitable title to those righ conduct operations thereon.	ts in the subject le	ase			AUG 2. 9 2003		
Title 18 U.S.C. Section 1001 and Ti States any false, fictitious or fraudule	tle 43 U.S.C. Section 1212, make ent statements or representations a	it a crime for any pas to any matter with	erson know in its jurisdie	ingly and willfully ction.	to make to any	department agency of the United		

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