

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 078580	
2. NAME OF OPERATOR Koch Exploration Co(Division of Koch Industries, Inc.)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR P.O. Box 2256; Wichita, Kansas 67201		7. UNIT AGREEMENT NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1825' FWL & 800' FNL (NW NE)		8. FARM OR LEASE NAME Moore	
14. PERMIT NO. 1463		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 6285'		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T. R., M., OR BLK. AND SURVEY OR AREA Sec. 5-30N-8W	
		12. COUNTY OR PARISH San Juan	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Run Production Casing <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Drilled 6-1/2" hole to TD of 7741'. Ran 223 jts of 4-1/2" 10.5# & 11.6# K-55 ST&C and LT&C new casing. Casing set @ 7731'. Cmt'd w/250 sx 50-50 Poz w/2% gel and 1/4# Flocele and 250 sx 50-50 Poz w/1/4# Flocele and 0.6% CFR-2. Plug down at 6:30 AM 1-21-80 w/2000#.



18. I hereby certify that the foregoing is true and correct

SIGNED Ernest L. Schmitt TITLE Operations Manager DATE 1-22-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

NMOCC

JAN 30 '80

*See Instructions on Reverse Side