Form 9-331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐   gas well ☒   other

2. NAME OF OPERATOR
Koch Exploration Co (Div of Koch Ind., Inc.)

3. ADDRESS OF OPERATOR
P.O. Box 2256; Wichita, Kansas   67201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850' FWL & 930' FNL (NE NW)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM-010468

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Howell

9. WELL NO.
E-1

10. FIELD OR WILDCAT NAME
Basin Dakota

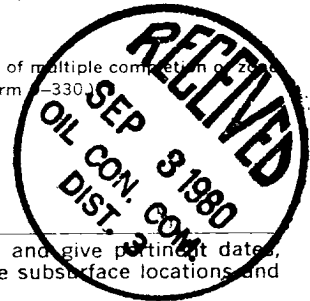11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3-30N-8W

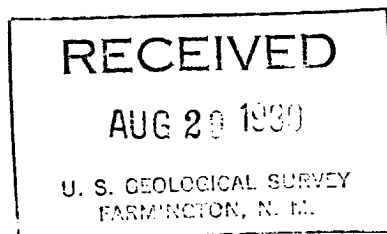12. COUNTY OR PARISH   San Juan   13. STATE   NM

14. API NO.
N/A

15. ELEVATIONS (SHOW DF, KDB, AND WD)
GR 6222',   KB 6236',   DF 6235;

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐

(other) Run Intermediate Casing

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 8-3/4" hole to 3250'. Ran 80 jts 7" 20 & 26# K-55 LT&C new casing. Set casing @ 3248'. Cmtd w/375 sx 50-50 Poz w/2% Gel & 1/4# flocele & 100 sx class "B" w/1/4# celoflake and 2% CaCl. Cement circulated. Plug down at 8:45 A.M. 8-24-80.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _Harold L. Schmidt_   TITLE Operations Manager   DATE August 26, 1980

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 02 1980

FARMINGTON DISTRICT
BY _BW_

*See Instructions on Reverse Side

NMOCC