

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ 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:  
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 Production Casing ☐

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 6-1/4" hole to 7650'. Ran 193 jts 4-1/2" 10.5 & 11.6# K-55 LT&C casing. Set casing at 7649'. Cemented w/360 sx 50-50 Poz w/6% gel & 1/4# flocele and 100 sx class "B" w/0.6% D-19 and 1/4# gilsonite/sk. Found top cement at 2350'.

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'

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

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Charles L. Schmitt TITLE Operations Manager DATE 9-3-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

SEP 15 1980

NMOCC

FARMINGTON DISTRICT

\*See Instructions on Reverse Side

BY RW

