

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
5. Lease Designation and Serial No. SF-078402A/SF078138
6. If Indian, Allottee or Tribe Name NA
7. If Unit or CA, Agreement Designation NA
Well Name and No. Carle
API Well No. 2
10. Field and Pool, or Exploratory Area Pictured Cliff (Deepen to MV)
11. County or Parish, State San Juan County New Mexico

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Koch Exploration Company

3. Address and Telephone No.
P.O. Box 489 Aztec, New Mexico 87410 (505) 334-9111

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec. 20, T30N, R11W
1635' FEL & 777' FNL

RECEIVED
99 JAN 20 PM 12:23
070 FARMINGTON, NM
RECEIVED
FEB 16 1999
OIL CON. DIV.
DIST. 3

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Spud Notice</u>	<input type="checkbox"/> Dispose Water

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

13. Describe Proposed or Compelled 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.)*

Spudded Well 1/15/99

I hereby certify that the foregoing is true and correct

Signed [Signature]
(This space for Federal or State office use)

Title Operations Manager

Date 1/19/99

Approved by _____
Conditions of approval, if any:

Title

Date

ACCEPTED FOR REC'D

FEB 1 1999

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOC

FARMINGTON DISTRICT OFF