

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1494.

5. LEASE DESIGNATION AND SERIAL NO.

WR 594 NM-03187

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug an existing well or to convert a well to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals.)1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Koch Exploration Company

3. ADDRESS OF OPERATOR

P. O. Box 2256, Wichita, Kansas 67201

4. LOCATION OF WELL (Report location clearly and in accordance with any State laws, NEW MEXICO
See also space 17 below.)

At surface

N E N E

U. S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LAMBE

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde (gas)

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

20-31N-10W

12. PERMIT NO.

13. ELEVATIONS (Show whether SF, ST, GR, etc.)

6088 DF

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

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PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

☐
☐
☐
☐
☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

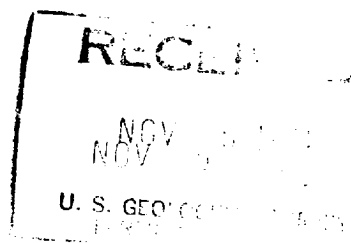
ALTERING CASING

ABANDONMENT*

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☐(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.)*

Well presently incapable of producing due to casing failure. Dependent upon availability of casing, plan to plug back and recomplete through whipstock procedures.



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

SIGNED

R. L. Rathburn

TITLE Chief Production Clerk

DATE 10-1-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: