

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.
NM 03187

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LAMBE

9. WELL NO.

3-A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

11. SEC., T., E., M., OR BLK. AND
SURVEY OR AREA

Sec. 21-31N-10W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Koch Industries, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 2256, Wichita, Kansas 67201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1100' FSL & 1030' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6220' GR

16. 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)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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 perti-
nent to this work.)*

Purpose of filing this report is to change the name of the
operator from Koch Exploration Company to Koch Industries, Inc.
P.O. Box 2256, Wichita, Kansas 67201.



RECEIVED

JUN 20 1975

U. S. GEOLOGICAL SURVEY

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

SIGNED

Orwell L. Schmitt

TITLE Operations Manager

DATE 6-16-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: