

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 02814	
2. NAME OF OPERATOR Koch Industries Inc.		6. IF INDIAN ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2256, Wichita, Kansas 67201		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FNL & 790' FWL		8. FARM OR LEASE NAME Cain	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 5997' GK 6008' KB		10. FIELD AND POOL, OR WILDCAT Pictured Cliff	
12. COUNTY OR PARISH San Juan		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-31N-10W	
13. STATE New Mexico			

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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 and 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 6/21/75. Set 7" 23# SH csg @ 191'. Cemented w/150 sx class "B".

Ran 4 1/2" 10.5# CW-55 csg, set @ 2929'. Cemented w/250 sx lite & 100 sx class "B".

TD 6/26/75. 2930'

PBTD 7/13/75. 2788'

Set 2-3/8" tbg. @ 2698'

7/15/75. Shut well in waiting on gas hook up.

Tested casing to 3000#.

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

SIGNED Orval L. Schmit TITLE Asst. Gas Manager DATE 7-23-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: