

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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
2. NAME OF OPERATOR Koch Exploration Company (Division of Koch Ind., 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 950' FEL and 990' FNL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 6599' GR 6565'

5. LEASE DESIGNATION AND SERIAL NO. NM 014110
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME WALKER
9. WELL NO. 1-R
10. FIELD AND POOL, OR WILDCAT Blanco/Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13-31N-10W
12. COUNTY OR PARISH San Juan
13. STATE New Mexico

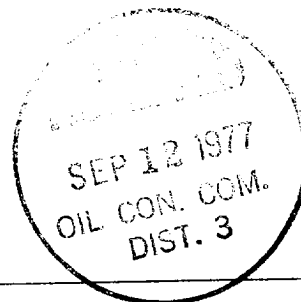
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) Completion <input type="checkbox"/>	
(Other) <input checked="" 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 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 has started to make small volume of water (12 BWPD).
Believe DV collar is leaking. Plan to:

1. Kill well with water.
2. Run pkr & RBP. Set RBP approx 2500' w/2 sx sand on top & pkr at 2300' (DV @ 2415').
3. Test for leak & sqz w/100 sx cmt.
4. Drill out cmt, test csg to 1500# & pull RBP.
5. Run tbg & swab well in.



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

SIGNED Orwell L. Schmitt

TITLE Operations Manager

DATE 9-9-77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

QKae