

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 | 5. LEASE DESIGNATION AND SERIAL NO. NM-013642 SF-C-790-287 |
| 2. NAME OF OPERATOR KOCH EXPLORATION COMPANY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A |
| 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 880-FSL & 950-FWL Sec. 35-32N-9W 825 | 8. FARM OR LEASE NAME GARDNER |
| | 9. WELL NO. C-1 |
| | 10. FIELD AND POOL, OR WILDCAT |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-32N-9W |
| 14. PERMIT NO. | 12. COUNTY OR PARISH SAN JUAN |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB-6600' | 13. STATE N.M. |

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

NOTICE OF INTENTION TO:

| | |
|---|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) Construct buried Pipeline <input checked="" type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <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 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.) *

To construct approximately 300' of buried 4 1/2" O.D. steel pipeline to connect coal seam gas production to an existing gas gathering pipeline on the well site location, along with a dehydration unit and other needed connection equipment as shown on the attached drawing(s).

Activity will commence as soon as practical after authorization is received.

RECEIVED
OIL COMMISSION
10.31.92

APPROVED DE
AUG 4 1992
AREA MANAGER

RECEIVED
BLM
92 JUN 12 PM 1:29
019 FARMINGTON, N.M.

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

SIGNED Leland C. Mann

TITLE RIW Field Supr.

DATE 6/10/92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side
NMOC

