

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
SF-079048-A

6. If Indian, Allottee or Tribe Name
n/a

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation
n/a

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

8. Well Name and No.
Gardner C-1

2. Name of Operator
KOCH EXPLORATION COMPANY

9. API Well No.
30-045-27982

3. Address and Telephone No.
PO BOX 2256 WICHITA, KANSAS 67201-2256 (316) 832-5345

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
800' FSL, 825' FWL, Section 35, T32N, R9W

10. Field and Pool, or Exploratory Area
Basin Fruitland Coal
11. County or Parish, State
San Juan, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Casing-Pressure Testing	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

Operator previously submitted details of setting casing under date of 12-20-90 (copy attached).

This notice shall serve to report results of pressure testing the same casing having been set:

2-27-91: Rigged up pump. Pressure tested 9-5/8" casing to 2500 psi for 20 min. Pressure tested 7" casing to 2500 psi for 20 min. Integrity of both satisfactory.

RECEIVED
OCT 28 1992
OIL CON. DIV.
DIST. 3

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

Randolph B. Whipple

Signed

Title Production Admin Coordinator Date 10-20-92

(This space for Federal or State office use)

Approved by
Conditions of approval, if any:

Title

Date

MAOCD

OCT 27 1992

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

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SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. SF - 079048-A
2. Name of Operator Koch Exploration Co.	6. If Indian, Allottee or Tribe Name NA
3. Address and Telephone No. P.O. Box 2256 Wichita, KS 67201	7. If Unit or CA, Agreement Designation NA
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 800' FSL & 825' FWL Sec. 35-T32N-R9W SW 1/4 / SW 1/4	8. Well Name and No. Gardner C 1
	9. API Well No. 30-245-2797
	10. Field and Pool, or Exploratory Area Basin Fruitland Coal
	11. County or Parish, State San Juan New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Casing Setting
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 drill give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Drld 13 1/2" hole to 225'. Ran 5 jts 9 5/8" 36# (207) csg. set @ 222'.
Cmt w/ 176sx Class A w/ 1/4# Flocele/sx, 2%CC. Cntrlzrs on 1st, 3rd & 5th
jts. Circ 15 Bbls to pit.

Drld 8 3/4" hole to 3104, Ran 70 jts 7" 23# K-55 LT&C csg. set @ 3077
Insrt Float on 1st jt. Cntrlzrs on 1st, and every 4th jt to surf.
Trblzrs on 22nd, 24th & 26th jts. Cmt w/506 sx lite, 1/2# Flocele.
0.6% Holad 322 & 100 sx Class A w/ 0.4% Halad 344, 1/4% CFR-3, 1/4#sx
Flocele. Circ. 4 Bbls to pit.

RECEIVED
BLM
92 OCT 26 PM 1:13

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

Signed Kenneth Symon

Title Administrative Coordinator

Date Dec. 20, 1990

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

ACCEPTED FOR RECORD

Date
NOV 05 1991

OPERATOR

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

FARMINGTON RESOURCE AREA

BY

*See Instruction on Reverse Side