	•					200	
(No	omerly 9–331) DEPARTMENT OF T	rly 9-331) DEPARTMENT OF THE INTERIOR verse side)			5. LEASE DESIGNATION AND SERIAL NO.		
	BUREAU OF LAND MANAGEMENT				NM-013642		
	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.) OIL GAB WELL OTHER				6. IF INDIAN, ALCOTTEE OR TRIBE NAME N/A 7. UNIT AGREEMENT NAME N/A		
ī.							
2.	2. NAME OF OPERATOR KOCH EXPLORATION COMPANY				8. FARM OR LEASE NAME		
3.	B. ADDRESS OF OPERATOR P.O. Box 2256 Wichita, Kansas 67201				9. WELL NO. Gardner C-5		
4.	. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)				10. PIELD AND POOL, OR WILDCAT		
	1680' FCL & 1010' FWL Sec. 26 - T32N - R9W				Basin Fruitland Coal 11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA 26-32N-9W		
14.	PERMIT NO. 15. BLEVATIONS	(Show whether DF	, RT, GR, etc.)	12. COUNT	Y OR PARISH 13. STA		
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or O				· · · · · · · · · · · · · · · · · · ·		
	NOTICE OF INTENTION TO:				DENT REPORT OF:		
	TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIR FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS (Other) Construct buried pipeline X WATER SHUT-OFF REPAIR FRACTURE TREATMENT ALTERIAL SHOOTING OR ACIDIZING (Other) (Other) (Other) Construct buried pipeline X						
17.	DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting as proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and gones per nent to this work.)*						
•	To construct approximately 150' of buried $4\frac{1}{2}$ " 0.D. steel pipeline to connect						
	the coal seam gas production to an existing gas gathering pi				ipeline on the well		
	site location, along with a dehydration unit and other needed connection						
	equipment as shown on the attached map(s).						
	Activity will commence as so	on as prac	tical after authori	zation is	received.		
	REGE! AUG 07.19 OIL CON \DIST.	992 . DIV.) 3	APPROVE AUG 4 1992 AREA MANAGER		RMING	RFCEIVED	
	I hereby certify that the foregoing is true and correct SIGNED Leland C. Mann		Field Supr.	n.	B 6/10/92		
	(This space for Federal or State office use)						
	·						

*See Instructions on Reverse Side

DATE _

TITLE _

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY:

