

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other Water Inj. Well  
well ☐ well ☐

2. NAME OF OPERATOR  
Koch Expl. Co., Div. of Koch Ind., Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 2256, Wichita, Kansas 67201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 20' FNL & 20'SWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☒

(other) Plug & abandon

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☒

5. LEASE  
LC-050107(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A

7. UNIT AGREEMENT NAME  
N/A

8. FARM OR LEASE NAME  
Mary E. Wills "A"

*Federal*

9. WELL NO.  
10

10. FIELD OR WILDCAT NAME  
Rhodes

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 35-26S-37E

12. COUNTY OR PARISH  
Lea

13. STATE  
NewMexico

14. API NO.  
N/A

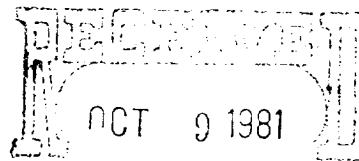
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
GR 2984'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

8-29-81 Set 20 sxs @3200' tagged @3020'  
8-31-81 Set 35 sxs @1700'  
8-31-81 Set 50 sxs @ 1200' tagged @1092'  
9-1-81 Set 50 sxs @660' tagged @490'  
9-2-81 Set 5 sxs and dry hole marker

All plugs set thry tubing  
Hole loaded with 10# mud laden fluid



OR & CAG  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *Mayo Marrs* TITLE Mayo Marrs DATE 9-8-81  
Casing Pulling Inc.

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
AUG 11 1982  
P.C.D.  
HOBBS OFFICE