Form 9-331 (May 1963)

WELL

16.

NAME OF OPERATOR

UNIT D STATES THE INTERIOR verse side DEPARTMEN'

SUBMIT			
(Other i		uctions	OT
verse side	1		

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

LC-050107-A

GEOLOGICAL SURVEY						
SUNDRY	NOTICES	AND	REPORTS	ON	WELLS	

OTHER

(Do not use this form for proposals to drill or to de Use "APPLICATION FOR PERMIT

AND KEPOKIS drill or to deepen or plug FOR PERMIT—" for such p	back to a different reservoir.	
	9 78 W W W	7. UNIT AGREEMENT NAME
Injection		8. FARM OR LEASE NAME
	11.6	WILLS "A"

Koch Industries Inc. 9. WELL NO. P.O. Box 2256. Wichita, Kansas 67201

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.

See also space 17 below.)

At surface 10

10. FIELD AND POOL, OR WILDCAT 20' FNL & 20' FWL <u>Rhodes</u> 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

35-26S-37E Sec. 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. 2984' GR N.M.

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:					
				٦	1			\Box
TEST WATER SHUT-OFF		PULL OR ALTER CASING			WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		_	FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		_	SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL	}	CHANGE PLANS		_	(Other)			<u></u>
(Other) Current	St	atus of Well	L _X	.]	(Note: Report result Completion or Recon	lts of multiple apletion Report	completion on Wel and Log form.)	1

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.)*

The Wills "A" #10 has been shut-in since June 8, 1977. At that time the casing collapsed. The unit is being evaluated and until it is completed, we would like to leave this well shut-in.

This approval of temporary 2-28 abandonment expires_

18. I hereby cer TITLE Asst Operations Mgr DATE SIGNED

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE

*See Instructions on Reverse Side

a a.L APR 3

U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO

1000-1079

CHECK TO COMMA

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