

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

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

070 Farmington, NM

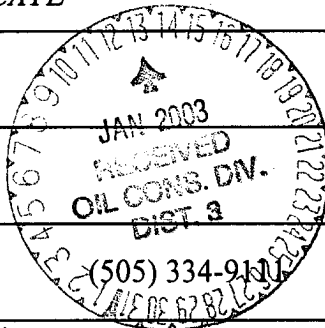
SUBMIT IN TRIPLICATE

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

2. Name of Operator  
Koch Exploration Company, LLC.

3. Address and Telephone No.  
P.O. Box 489 Aztec, New Mexico 87410

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
S26, T32N, R9W (B)  
1180' FNL & 2015' FEL



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

5. Lease Designation and Serial No.  
NM-013642

6. If Indian, Allottee or Tribe Name  
NA

7. If Unit or CA, Agreement Designation  
NA

8. Well Name and No.  
Gardner 7A

9. API Well No.  
30-045-30743

10. Field and Pool, or Exploratory Area  
Blanco Mesa Verde

11. County or Parish, State  
San Juan County  
New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 <u>Request APD Extension</u>	<input type="checkbox"/> Dispose Water

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

13. Describe Proposed or Compelled 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.)\*

ue to winter conditions we have not drilled this proposed well site.

We request an additional six month extension to this APD dated 8/13/01. The current extension will expire 2/13/03.

-This approval expires: AUG 13 2003

I hereby certify that the foregoing is true and correct

Signed [Signature]  
(This space for Federal or State office use)

Title Operations Manager

Date 01/06/03

JAN - 8 2003

Approved by [Signature]  
Conditions of approval, if any:

Title

Date