## **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

CHMIDDA	NOTICES	AND	REPORTS	ON	WELL	C
SUNDEL	NULLES	ANU	REPURIS	UN	VV P I . I .	

Do not use this form for proposals to drill or to re-enter an

FORM APPROVED
OM B No 1004-0137
Expires: March 31, 200

SF-078	505
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6. If Indian, Allottee or Tribe Name

abandoned we	ell. Use Form 3160 - 3 (/	APD) for such pro	posals.	NA				
SUBMIT IN TRIPLICATE- Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No.			
l Type of Well  Oil Well  ✓ Gas Well  Other					8. Well Name and No.			
Name of Operator Koch Exploration Company, LLC					Seymour 719S  9. API Well No.			
Ba. Address PO Box 489, Aztec, NM		3b. Phone No. (include 505-334-9111	area code)		ol, or Exploratory Area			
4 Location of Well (Footage, Sec., S14, T31N, R9W 750' FNL & 1660' FWL	T., R., M., or Survey Description)			Basin Fruit  11 County or Pa  San Juan, 1	arish, State			
12. CHECK A	PPROPRIATE BOX(ES) TO	INDICATE NATUR	E OF NOTICE, R	EPORT, OR O	THER DATA			
TYPE OF SUBMISSION		TYI	PE OF ACTION					
Notice of Intent  Subsequent Report  Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (Sta Reclamation Recomplete Temporarily Ab Water Disposal		Water Shut-Off Well Integrity Other			
Attach the Bond under which the following completion of the inv	ed Operation (clearly state all pertinctionally or recomplete horizontally ne work will be performed or provious of operations. If the operation and Abandonment Notices shall be	y, give subsurface location de the Bond No. on file v results in a multiple comp	ns and measured and tru vith BLM/BIA. Require letion or recompletion in	e vertical depths of ed subsequent repor n a new interval, a l	'all pertinent markers and zones. ts shall be filed within 30 days Form 3160-4 shall be filed once			

RCVD SEP 4'07 OIL CONS. DIV. determined that the site is ready for final inspection.)

This well was first produced 12/14/2005.

DIST. 3

14 Thereby certify that the Name (Printed/Typed)  John Clark	oregoing	is true an	dorrect	Title	District Supe		
Signature	M	0	MR	Date		08/28/2007	CCEPTED FOR RECOR
	TH	IIS SP	ACE FOR FE	DERAL OR	STATE O	FFICE USE	AUG 3 0 2007
Approved by	 				Title		PARMINGTON DISTRICT OFFICE
Conditions of approval, if any, certify that the applicant holds which would entitle the applica	legal or equ	itable titl	e to those rights in t		Office		BY

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

