

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SECTION NO.

NM 013642

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Koch Exploration Company

3. ADDRESS OF OPERATOR

P.O. Box 2256; Wichita, Kansas 67201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

790'FWL and 740'FSL NE SW SW

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, GR, etc.)

GR 6413'

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde
11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Sec 31-32N-8W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETION ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) ☐

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

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.)*

Spudded 15" hole at 5:00 P.M. 11-23-76. Ran 4 jts 10-3/4" 40.5# K-55 ST&C new casing. Set casing at 186'. Cemented w/300 sx class "B" w/2% CaCl. Cement circulated. Dev 1° at 189'.

DEC 24 1976

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

SIGNED

TITLE Operations Manager

DATE 12-3-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side