

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.
NM 031642

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
GARDNER9. WELL NO.
410. FIELD AND POOL, OR WILDCAT
Blanco Mesa Verde11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec 25-32N-9W12. COUNTY OR PARISH
San Juan13. STATE
N.M.

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.)OIL ☐ GAS ☒
WELL 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 & 790' FSL NE SW SW

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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 perti-
nent to this work.)*

TD 6100', rel drlg rig at 9:00 A.M. 12-21-76. Ran 67 jts 4-1/2" 10.5# K-55 ST&C new
csg, set liner from 3636 to 6098', w/ BOT hanger (163' up in 7" csg), FC @ 6065',
cemented w/275 sx class "B" w/4% gel and 6-1/2# gilsonite/sx. PD at 5:45 A.M. w/2500#.



18 I hereby certify that the foregoing is true and correct

SIGNED Charles L. SchmittTITLE Operations ManagerDATE December 23, 1976

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side