Form 9-331 (May 1963)

REPAIR WELL

## UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse state)

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

NM-013642

GEOLOGICAL SURVEY									
CULIDAY MOT	ICEC AND	DEDODIC	ON WEI	10					

CHANGE PLANS

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.)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA	
1.		7. UNIT AGREEMENT NA	ME		
	WE'L GAS X OTHER			NA	
2.	NAME OF OPERATOR	S. FARM OR LEASE NAME			
	Koch Exploration Compar	GARDNER			
3.	ADDRESS OF OPERATOR		9. WELL NO.		
	P.O. Box 2256; Wichita,	3-A			
4.	cocation of well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT Blanco/Mesa Verde		
	790' FSL & 840' FEL (SW SW)			Sec. 31-32N-8W	
14.	PERMIT NO.	15, ELEVATIONS (Show whether DF	, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	NA	GR 6510'		San Juan	N.M.
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data				
	NOTICE OF INTENT	UENT REPORT OF:			
	FRACTURE TREAT	ULL OR ALTER CASING ULTIPLE COMPLETE BANDON*	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING V ALTERING CA	ISING

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) Run Surface Casing 17. DESCRIBE PROPOSED OR COMPLETED OFFRATIONS (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.) •

(Other) \_

Spudded 14-3/4" hole @ 7:00 AM 1-27-80. Drld 14-3/4" hole to 197'. Ran 4 jts 10-3/4" K-55 40.5# ST&C new csg, csg set at 191'. Cmtd w/250 sx class "H" w/3% CaCl, cmt circ. Plug down @ 5:45 PM 1-27-80.



18. I hereby certify that the foregoing is true and correct SIGNED	TITLE Asst Operations Manager	DATE1-29-80
(This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE COSST

who French

\*See Instructions on Reverse Side