

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C 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. See space 17 below.)

AT SURFACE: 790FSL-840FEL

AT TOP PROD. INTERVAL:

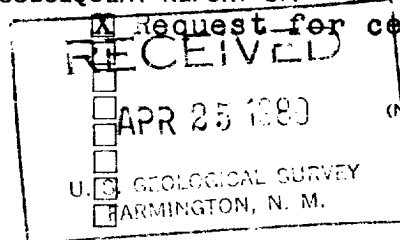
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:



5. LEASE

Federal

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gardner

9. WELL NO.

3A

10. FIELD OR WILDCAT NAME

Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 31, T32N R8W.

12. COUNTY OR PARISH

San Juan

New Mexico

14. API NO.

013642

15. ELEVATIONS (SHOW DF, KDB, AND WD)

GL. 6510 DF 6523 KDB 6524 WD 6100

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.)*

Ran cement bond log. It showed poor cement from T D up to 5454 ft. Well was squeezed with 75 sx. of class B cement at 5900 ft. and 75 sx. at 5375 ft. No bond log was run after squeezing well. Well was then perforated frac with no apparent migrating of treatment out of zone.

Copy of bond log included.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Delvin H. Echard TITLE Prod. Supt. DATE April 24, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOC

ACCEPTED FOR RECORD

APR 28 1980

BY [Signature] ARMINGTON DISTRICT