5. LEASE

NM 013642

UNITED STATES DEPARTMENT OF THE INTERIOR

AL LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1030' FSL & 870' FEL AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOT OR ACIDIZE CHANGE ZONES ASANDON' (other) Run Production Casing 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and vew pertinent details, and vew pertinent details, and vew pertinent details, and vew pertinent details and survey and true vertical depths for all markers and zones pertinent to this work.)' Drilled 6-1/4" hole to 6250'. Ran 146 jts 4-1/2" 10.50# K-55 LT&C new casing set casing at 6116.54'. Cemented with 275 sx, BJ lite w/3/4# gilsonite/sk, 1/4# flocele/sk; followed by 100 sx class "B" w/2 Cacl. Plug down @ 6:15 pw 9-22-80. Subsurface Safety Valve: Manu. and Type Set @	GEOLOGICAL SURVEY	N/A
GARDNER 1 oil	this form for proposals to drill or to deepen or plug back to a different	N/A
2 NAME OF OPERATOR KOCH EXPLOYATION CO (DIV of Koch Ind., Inc.) 3. ADDRESS OF OPERATOR P.O. BOX 2256; Wichita, Kansas 67201 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1030' FSL & 870' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE CHANGE ZONES ASANDON'* (Other) Run Production Casing 17. DESCRIBE PROPOSED OR COMPLETE OPERATIONS (Clearly state all pertinent details, and sive pertinent detai	(Do not use this form 101 proposals of the servoir. Use Form 9–331–C for such proposals.)	—·
8. ADDRESS OF OPERATOR 3. ADDRESS OF OPERATOR 9. O. Box 2256; Wichita, Kansas 67201 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1030' FSL & 870' FEL AT TOP PROD. INTERVAL: AT TOTAL DEFTH: AT TOTAL DEFTH: AT TOTAL DEFTH: REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE R:PAIR WELL R:PAIR WE	well well other	
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AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD GR 6670' REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PJLL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES AJANDON* (other) Run Production Casing 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent green including estimated date of starting any proposed work. If well is directionally drilled, give subsultage locations are measured and true vertical depths for all markers and zones pertinent to this work.)* Drilled 6-1/4" hole to 6250'. Ran 146 jts 4-1/2" 10.50# K-55 LTSC new casing set casing at 6116.54'. Cemented with 275 sx, BJ lite w/3/4# gilsonite/sk, 1/4# flocele/sk; followed by 100 sx class "B" w/2% CaCl. Plug down @ 6:15 PM 9-22-80. Subsurface Safety Valve: Manu. and Type Set @ Subsurface Safety Valve: Manu. and Type Set @ Subsurface Safety Valve: Manu. and Type Subsurface Safety Valve: Manu. and Type Set @ Subsurface Safety Valve: Manu. and Type Set @ Subsurface Safety Valve: Manu. and Type Set @ Set @ Subsurface Safety Valve: Manu. and Type	AT SURFACE: 1030' FSL & 870' FEL	
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18. I hereby certify that the foregoing is true and correct	TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL P'JLL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Run Production Casing 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine Drilled 6-1/4" hole to 6250'. Ran 146 jts 4— Set casing at 6116.54'. Cemented with 275 sx 1/4# flocele/sk; followed by 100 sx class "B"	te all pertinent details, and give pertinent d es, directionally drilled, give subsuffice locations and to this work.)* 1/2" 10.50# K-55 LT&C new casing. BJ lite w/3/4# gilsonite/sk,
18. I hereby certify that the foregoing is true and correct		
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		Janagernate 9-25-80

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APPROVED BY LES TO LECTED CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

(This space for Federal or State office use)

_ DATE ___