

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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		5. LEASE DESIGNATION AND SERIAL NO. NM-03932	
2. NAME OF OPERATOR KOCH EXPLORATION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 2256 WICHITA, KANSAS 67201		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 1030' FSL & 870' FEL SEC, 25-32N-9W		8. FARM OR LEASE NAME GARDNER	
14. PERMIT NO. GL-6670'		9. WELL NO. 4-A	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB-6681'		10. FIELD AND POOL, OR WILDCAT BLANCO MESA VERDE	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 25-32N-9W	
		12. COUNTY OR PARISH SAN JUAN	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	REPAIRING WELL	☐
(Other)	☐	ALTERING CASING	☐
FILL OR ALTER CASING	☐	ABANDONMENT*	☐
MULTIPLE COMPLETE	☐		
ABANDON*	☐		
CHANGE PLANE	☒		

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.)

THIS WELL HAS BEEN SHUT IN FOR MORE THAN NINTY DAYS. (LAW SUIT WITH NORTHWEST PIPE LINE COMPANY) ON MARCH 8, 1989 WE RECIEVED A REQUEST TO TURN THIS WELL ON TO HELP SUPPLY THE MARKET DEMAND FROM NORTHWEST PIPE LINE COMPANY, (WELL HAS NOT PRODUCED SINCE 1985)

RECEIVED
APR 07 1989
OIL CON. DIV.
DIST. 3

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

SIGNED

Donald L. Johnson

TITLE

PUMPER

ACCEPTED FOR RECORD
DATE 3/29/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

APR 05 1989

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY

Smw

*See Instructions on Reverse Side

NMOCC

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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

U.S. OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 104
Supersedes Old C-104 and C-110
Effective 1-1-65

Koch Exploration Company
Address
P.O. Box 2256; Wichita, Kansas, Kansas 67201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Gashead Gas ☐ Condensate ☐
Other (Please explain) Correction of Operator

Change of ownership give name and address of previous owner **KOCH INDUSTRIES INC. P.O. BOX 2256, WICHITA, KANSAS 67201**

DESCRIPTION OF WELL AND LEASE

Lease Name Gardner	Well No. 4-A	Pool Name, including Formation Blanco/Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. NM-013642
Location Unit Letter P 1030 Feet From The South 870 Feet From The East Line of Section 25 Township 32N Range 9W , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designation of Authorized Transporter of Oil ☐ or Condensate ☐ None	Address (Give address to which approved copy of this form is to be sent)	
Designation of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☒ Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1526; Salt Lake City, Utah	
Well produces oil or liquids, or location of tanks. Unit M Sec. 25 Twp. 32N Rge. 9W	Is it actually connected? Yes	When 4-1-81

If this production is commingled with that from any other lease or pool, give commingling order number: **Y**

COMPLETION DATA

Designate Type of Completion - (X) X	Oil Well ☐ Gas Well ☒ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res't. ☐ Diff. Res't. ☐		
Date Spudded 9-4-80	Date Compl. Ready to Prod. 10-20-80	Total Depth 6250	P.B.T.D. 6035
Sections (DE, RAB, RT, GR, etc.) GR 6670'	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5620-6008	Tubing Depth 5980
Iterations 5620-6008 (Mesa Verde) 39 holes			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4	10-3/4	212	275 SX
8-3/4	7	3542	475 SX
6-1/4	4-1/2	6171	375 SX
	2-3/8	5980	

TEST DATA AND REQUEST FOR ALLOWABLE
I. WELL

(Text must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pressure, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

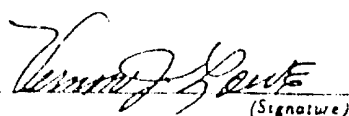
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DIST. 3

II. WELL

Total Prod. Test-MCF/D 2120	Length of Test 24	Bbls. Condensate/MMCF N/A	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Back pr	Tubing Pressure (Shut-in) 700#	Casing Pressure (Shut-in) 1120#	Choke Size 3/8"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)

Operations Manager
(Title)

May 25, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 31 1983**, 19
BY **Original Signed by FRANK T. CHAVEZ**
TITLE **SUPERVISOR DISTRICT # 3**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.