

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-03932--(NM-013642)
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.) At surface 1030 FSL & 870 FEL SEC.25-32N-9W	8. FARM OR LEASE NAME GARDNER
	9. WELL NO. 4-A
	10. FIELD AND POOL, OR WILDCAT BLANCO MESA VERDE
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 25-32N-9W
14. PERMIT NO.	12. COUNTY OR PARISH SAN JUAN
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL-6670 KB-6681	13. STATE NM.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) REASON FOR LONG TERM SHUT <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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 pertinent to this work.)\*

WE ARE REQUESTING A LONG TERM SHUT IN FOR THIS WELL. THE WELL WAS DRILLED IN SEPTEMBER, 1980 AND PRODUCED PART TIME DEPENDING ON MARKET DEMAND UNTILL MAY, 1985. IN MAY, 1985 THIS WELL WAS INCLUDED IN A CONTRACT DISPUTE WITH NORTH WEST PIPE LINE CO. THE WELL HAS BEEN SHUT IN EVER SINCE.

THIS IS IN RESPONCE TO YOUR NOTICE DATED OCT, 23, 1987 (NM-013642)

RECEIVED  
BUREAU OF LAND MANAGEMENT  
17 NOV 1987 AM 10:23  
MINING RESOURCE AREA  
WASHINGTON, NEW MEXICO

THIS APPROVAL EXPIRES 11/16/88

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

SIGNED

*Delores A. Eckard*

TITLE DIST. PROD. SUPT.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 11-10-87

APPROVED

DATE

NOV 16 1987

AREA MANAGER

\*See Instructions on Reverse Side

NMOCG