ABANDON*

(other)

Run surface casing

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

	Budget Bureau No. 42–R142				
	5. LEASE 013642 NM - 13642				
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A				
, t	7. UNIT AGREEMENT NAME N/A				
	8. FARM OR LEASE NAME GARDNER				
	9. WELL NO. 5				
	10. FIELD OR WILDCAT NAME Blanco/Mesa Verde				
7	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 26-32N-9W				
	12. COUNTY OR PARISH 13. STATE San Juan NM				
	14. API NO.				

SUNDRY NOTICES AND REPORTS ON WELLS	N/A 8. FARM OR LEASE NAME GARDNER		
(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 gas well other 2. NAME OF OPERATOR	9. WELL NO. 5		
Koch Exploration Co(Div of Koch Ind., Inc.) 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Blanco/Mesa Verde 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-32N-9W		
P.O. Box 2256; Wichita, Kansas 67201 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)			
AT SURFACE: 835' FSL & 1120' FWL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE San Juan NM		
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. N/A		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) GR 6570'		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	(NOTE: Report results of multiple implesions) change on Form 9–350		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pert including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)*

Spudded 14-3/4" hole @ 3:30 PM 9-23-80. Drilled 14-3/4" hole to 195' KB. Ran 2 jts 10-3/4" 28.04# CS-95 R3, 2 jts 10-3/4" 40.50# K-55 8rd ST&C casing. Set casing at 194'. Cemented w/275 sx class "B" w/3% CaCl & 1/4# Flocele/sk. Cement circulated, tested casing and BOP's to 1000# before drilling out. Plud down @ 2:00 AM 9-24-80.

Subsurface Safety Valve: Manu. and Typ	Set @	Ft.		
18. I hereby certify that the foregoing is SIGNED Exact Lichmen	true and correct TITLE Operation	ns Manager _{DATE}	9-25-80	
nicht ibi feli Kroeni	(This space for Federal or S	State office use)		
APPROVED BY CONDITIONS OF APPROVAL DE ONY:	TITLE	DATE		
10181 STO NOTOWELFAS				

See Instructions on Reverse Side