

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

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 ☐ FRUITLAND COAL WELL		3. LEASE DESIGNATION AND SERIAL NO. NM-013642
2. NAME OF OPERATOR KOCH EXPLORATION COMPANY		4. IF INDIAN, ALLOTTEE OR TRUST NAME NA
3. ADDRESS OF OPERATOR 3605 N. DUSTI-FARMINGTON, NEW MEXICO 87401		5. WELL AGREEMENT NAME NA
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1120' FNL & 1820' FEL		6. NAME OR LEASE NAME GARDNER- C
14. PERMIT NO. 30-045-27998		7. WELL NO. 6
15. ELEVATIONS (Show whether OF, BT, OR, etc.) GR-6872'		10. FIELD AND POOL, OR WILDCAT BASIN FRUITLAND COAL
		11. SEC., T., R., N., OR S.E., AND SURVEY OR AREA 26-T-32N-R-9W
		12. COUNTY OR PARISH SAN JUAN
		13. STATE NM.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PLUG OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANK

(Other)

DOWN GRADE BOPS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)

THIS NOTICE IS APPLYING FOR PERMISSION TO DOWN GRADE OUR BOP STACK TO A
2000# SYSTEM INSTEAD OF THE 3000# STACK THAT WAS ORIGINALLY APPROVED.

RECEIVED
APR 24 1991
OIL CON. DIV
DIST. 3

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

SIGNED Delwin H. Eckard TITLE DIST.PROD.SUPT.

DATE 3-28-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE APPROVED

APR 11 1991

Ken Townsend
AREA MANAGER

*See Instructions on Reverse Side

NMOOD