

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
NM-013642

6. If Indian, Allottee or Tribe Name
n/a

7. If Unit or CA, Agreement Designation
n/a

8. Well Name and No.
Gardner C-3

9. API Well No.
30-045-28214

10. Field and Pool, or Exploratory Area
Basin Fruitland Coal

11. County or Parish, State
San Juan, New Mexico

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
KOCH EXPLORATION COMPANY

3. Address and Telephone No.
PO BOX 2256 WICHITA, KANSAS 67201-2256 (316) 832-5345

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
790' FSL, 750' FWL, Section 31, T32N, R3W

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Casing-Pressure Testing
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Report of casing setting submitted 11-20-90 (copy attached). This shall serve to report subsequent pressure testing of same casing.

11-23-91: Pressure tested 9-5/8" to 2500 psi. Pressure tested 7" to 1500 psi. Casing integrity found to be satisfactory.

RECEIVED

OCT 28 1992

OIL CON. DIV
DIST. 3

RECEIVED
BLM
OCT 26 PM 1:13
SANTA FE, N.M.

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

Randolph B. Whipple
Signed *Randolph B. Whipple*

Title Production Admin Coordinator Date 10-20-92

(This space for Federal or State office use)

ACCEPTED FOR RECORD

Approved by _____
Conditions of approval, if any:

Title NMOGD

Date OCT 27 1992

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

File

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
NM-013642

6. If Indian, Allottee or Tribe Name
NA

7. If Unit or CA, Agreement Designation
NA

8. Well Name and No.
Gardner C-3

9. API Well No.

10. Field and Pool, or Exploratory Area
Basin Fruitland Coal

11. County or Parish, State
San Juan New Mexico

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Koch Exploration Co.

3. Address and Telephone No.
P.O. Box 2256 Wichita, Kansas 67201

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
790' FSL & 750' FWL Sec. 31 T32N R9W

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Casing Setting
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Spud 11/14/90
Drld 12 1/4" hole to 222' KB. Ran 5 jts 9 5/8" 36# SR&C (208.33') set @ 222' KB Centralizers at 1st, 3rd and 4th jt. Cemented with 140 sx class B w/ 1/4# Flocele, 2% CACL2. Circulated.

Drld 8 3/4" hole to 3040'. Ran 76 jts 7" 23#, K-55, ST&C csg. (3053'), Set @ 3040' /GS w/ centralizers on 1stand every 4th jt. to surf., Turbolizers on 23rd jt @ 2086' 25th jt @ 2006', 27th jt @ 1926'. Cmt w/550 sx Lite, tailed in with 100 sx Class A. Cmt circulated.

RECEIVED
BLM
NOV 26 PM 1:13
FARMINGTON, N.M.

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

Signed Kenneth Seymour

Title Administrative Coordinator

Date Nov 20, 1990

(This space for Federal or State office use)

ACCEPTED FOR RECORD

Approved by _____
Conditions of approval, if any:

Title _____

DEC 31 1990

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

OPERATOR