

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Sante Fe, New Mexico 87504-2088

WELL API NO. 30-045-30286
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No NM-014110
7. Lease Name or Unit Agreement Name Walker
8. Well No. 2B
9. Pool Name or Wildcat Blanco Mesa Verde
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6131 GR

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" (FORM C-101) FOR SUCH PROPOSALS).

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
2. Name of Operator Koch Exploration Company
3. Address of Operator P.O. Box 489 Aztec, New Mexico 87410 (505) 334-9111
4. Well Location Unit Letter <u>O</u> : <u>660'</u> Feet From The <u>South</u> Line and <u>1712'</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>31N</u> Range <u>10W</u> NMPM County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6131 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF :

REMEDIAL WORK ☐ ALTER CASING ☐
COMMENCE DRILLING OPNS ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
OTHER: ☐

12 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Set 9 5/8", 36#, J-55 casing on 10/1/00 @ 235' KB. KB=13.5'. Pumped 36.8 BBLs of 15.6#, Yield 1.18, Class H cement and circulated 16 BBLs to surface. WOC for 12 hours. Pressure tested BOP's & Casing to 1000# for 30 minutes. Held OK. Tagged cement inside 9 5/8" @ 209'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Donald L. Johnson TITLE Operations Manager DATE 10/2/00

TYPE OR PRINT NAME Donald L. Johnson

TELEPHONE NO. (505) 334-9111

(This space for State Use)

APPROVED BY DEPUTY OIL & GAS INSPECTOR DIST I TITLE DEPUTY OIL & GAS INSPECTOR DIST I DATE OCT 2 2000

CONDITIONS OF APPROVAL, IF ANY: