

Submit 1 Copy To Appropriate District Office.  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised August 1, 2011

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

**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  Gas Well  Other

2. Name of Operator  
 Koch Exploration Company, LLC

3. Address of Operator  
 PO Box 489, Aztec, NM 87410

4. Well Location  
 Unit Letter A : 660 feet from the North line and 660 feet from the East line  
 Section 2 Township 24N Range 13W NMPM San Juan County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 6296' GR

WELL API NO.  
 30-045-35386

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.  
 NM VO-8293-0000

7. Lease Name or Unit Agreement Name  
 Bisti 2

8. Well Number 1

9. OGRID Number  
 12807

10. Pool name or Wildcat  
 Fruitland coal

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Production Casing Pressure Test <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion:

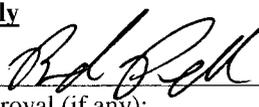
RCVD OCT 29 '13  
 OIL CONS. DIV.  
 DIST. 3

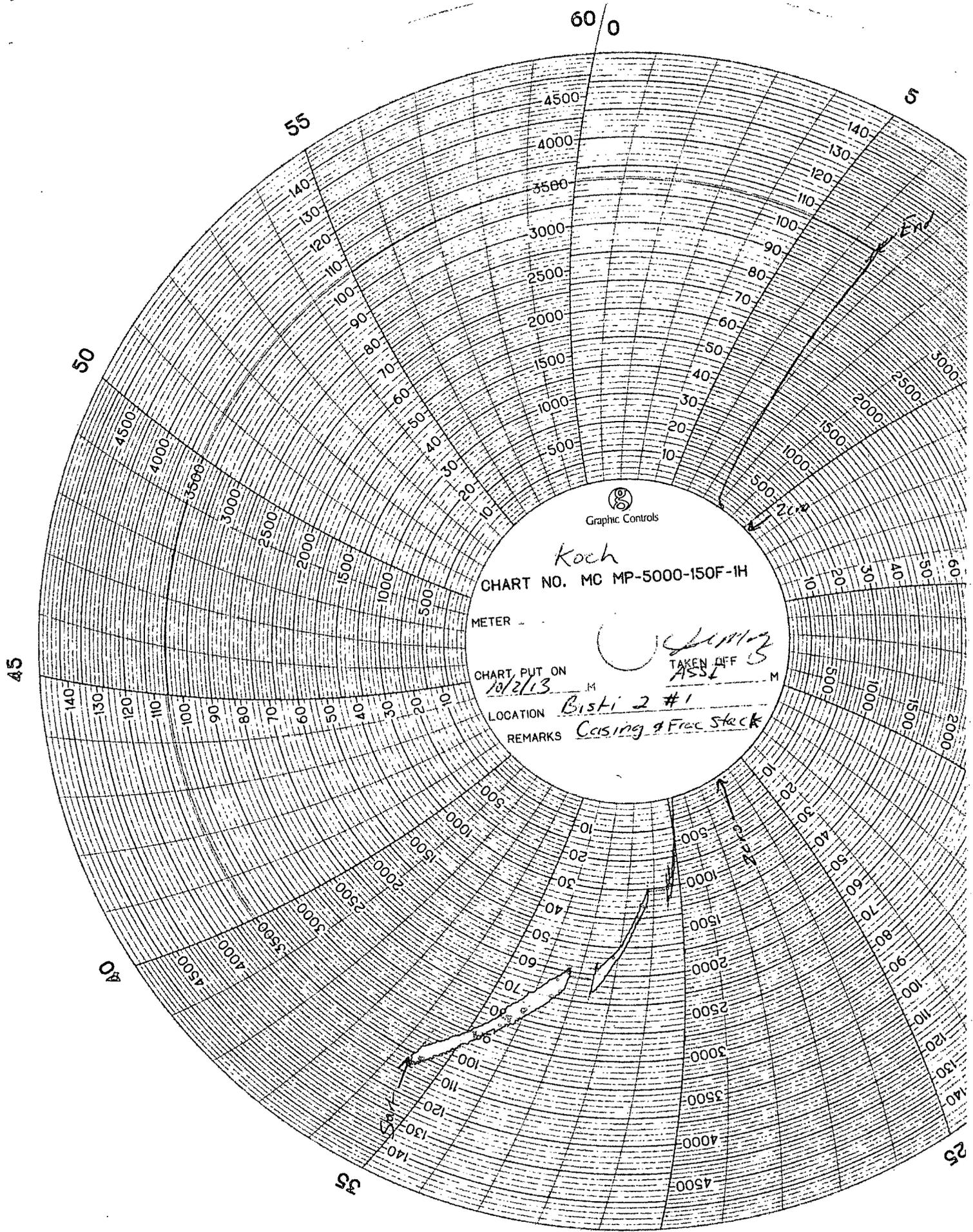
On 10/02/13 tested 4 1/2" 10.5# J-55 LTC casing, frac valve, and frac Y to 3500 psi for 30 minutes (Passed).

Spud Date: 5/23/2013 Rig Release Date: 5/28/2013

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

SIGNATURE  TITLE Sr. Operations Manager DATE 10/23/13  
 Type or print name Donald Johnson E-mail address: johnso4d@kochind.com PHONE: 505-334-9111

**For State Use Only**  
 APPROVED BY:  TITLE Deputy Oil & Gas Inspector, District #3 DATE 11/1/13  
 Conditions of Approval (if any): M



Graphic Controls

Koch  
 CHART NO. MC MP-5000-150F-1H

METER

CHART PUT ON  
 10/2/13 M

TAKEN OFF  
 ASSI M

LOCATION Bisti 2 #1

REMARKS Casing & Free Stack

