

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR  
Koch Exploration Co (Div of Koch Ind., Inc.)
3. ADDRESS OF OPERATOR  
P.O. Box 2256; Wichita, Kansas 67201
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1100' FWL & 1800' FSL (NW SW)  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

(other) Run Surface Casing

5. LEASE  
NM-013861
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A
7. UNIT AGREEMENT NAME  
N/A
8. FARM OR LEASE NAME  
Dryden
9. WELL NO.  
2
10. FIELD OR WILDCAT NAME  
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 22-28N-8W
12. COUNTY OR PARISH  
San Juan
13. STATE  
NM
14. API NO.  
N/A
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
GR 5819

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

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.)\*

Spudded 12-1/2" hole on 2-2-81. Drilled 12-1/2" hole to 270'. Ran 5 jts 10-3/4" 28# K-55 ST&C casing. Set casing at 257'. Cemented w/250 sx class "B" w/1/4# cello flake and 3% CaCl per sk. Cement circulated. Plug down at 7:00 AM 2-3-81.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Charles L. Schmitt TITLE VP - Production Operations DATE 2-4-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side

BLW