

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-013861
2. NAME OF OPERATOR Koch Exploration Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR P. O. Box 2256 Wichita, KS 67201		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1300' FNL & 555' FEL (NE NE)		8. FARM OR LEASE NAME DRYDEN
14. PERMIT NO. N/A		9. WELL NO. 1-E
15. ELEVATIONS (Show whether OF, RT, GR, etc.) GR 6255' KB 6267.5'		10. FIELD AND POOL, OR WILDCAT Basin Dakota
12. COUNTY OR PARISH San Juan		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-28N-8W
		13. STATE New Mexico

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) RUN PRODUCTION CASING <input type="checkbox"/>	

(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.)*

Drilled 6-3/4" hole from 2870' to TD 7200'. Ran 174 jts 5-1/2" 17# J-55 LT&C X-Line casing. Set casing @ 7194'. Cemented the first stage w/155 sx 50/50 POZ mix w/6% Gel & 1/4# Celloflake & 100 sx 50/50 POZ mix w/2% Gel & 0.6% D-19. Bump plug w/1500#. Open DV @ 4700' & cement second stage w/162 sx 50/50 POZ mix w/6% Gel & 1/4# Celloflake & 50 sx 50/50 POZ mix w/2% Gel & 0.6% D-19. Plug Down @ 12:50 PM 7-1-84 w/2500#. Had good circulation throughout both jobs.

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OIL CO. DIV.
DIST. 3

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

SIGNED Oswell L. Schmidt TITLE Vice Pres. Prod/Oper. DATE July 5, 1984
O.L. Schmidt

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 12 1984

NMOCC
*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY Smw