

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.
SF-078402A

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

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

6. If Indian, Allottee or Tribe Name
NA

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation
NA

1. Type of Well

Oil Well Gas Well Other

8. Well Name and No.
Carle 1

2. Name of Operator

Koch Exploration Company

9. API Well No.

30-045-0939500

3. Address and Telephone No.

P.O. Box 489 Aztec, New Mexico 87410 (505) 334-9111

10. Field and Pool, or Exploratory Area

Blanco Mesa Verde

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec. 20, T30N, R11W
1575' FWL & 966' FNL

11. County or Parish, State

San Juan County
New Mexico

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 checked="" 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__ 1st Delivered Well
	<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 Compelled 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.)*

1st Delivered well on 2/24/99 to EPFS

I hereby certify that the foregoing is true and correct

Signed Donald J. [Signature]
(This space for Federal or State office use)

Title Operations Manager

Date 2/25/99

ACCEPTED FOR RECORD

MAR 05 1999

Approved by _____ Title _____
Conditions of approval, if any:

Date

FARMINGTON FIELD OFFICE
BY [Signature]

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