

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0131
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078138/SF-07840

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. UNIT AGREEMENT NAME

NA

8. FARM OR LEASE NAME

CARLE

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

AZTEC PICTURED CL

11. SEC., T., R., M., OR BLK. AND
SUBDIVISION OR AREA

20-T-30N-R-11W

12. COUNTY OR PARISH

SAN JUAN

13. STATE

NM.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

KOCH EXPLORATION COMPANY

3. ADDRESS OF OPERATOR

3605 N.DUSTIN-FARMINGTON, NEW MEXICO 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

8/0 1585
790+ FNL & 1650+ FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether BP, RT, OR, etc.)

KB-5731

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) REASON FOR WELL BEING SHUT

(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 and 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.)*

This letter is in response to your letter of April 9, 1990 concerning our Carle #2 well. Communitization Agreement NO. 14-08-001-1153, San Juan County, New Mexico.

The reason for the well being shut in for so long is the poor market demand and the gas purchasing company not seeing fit to take any gas from this well.

Due to these conditions we are requesting a six month shut in period, you will be notified as soon as the well is returned to production.

RECEIVED

MAY 04 1990

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES NOV 01 1990

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

SIGNED Delvin G. Eckard TITLE DIST. PROD SUPT.

DATE April 23, 1990

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE
APR 30 1990
Ken Townsend
AREA MANAGER

*See Instructions on Reverse Side