

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

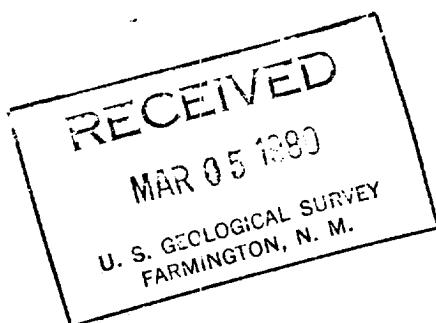
1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-080776-A
2. NAME OF OPERATOR Koch Exploration Company, Div. of Koch Ind., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR P. O. Box 2256, Wichita, Kansas 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 1850' FNL & 1000' FWL		8. FARM OR LEASE NAME William Mansfield
14. PERMIT NO. 1463'		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 6127'		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-30N-10W
		12. COUNTY OR PARISH San Juan
		13. STATE N.M.

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) <input type="checkbox"/>	
(Other) Run production casing <input checked="" 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 6-1/4" hole from 3411' to total depth of 7304'. Ran 217 joints 4-1/2" 10.5# and 11.6# K-55 LT&C casing. Casint set at 7300'. Cemented with 250 sx. 50-50 Pozmix with 4% Gel and 1/4# Celloflake and 250 sx. Class "B" with 1/4# Celloflake and 0.6% CFR-2. Plug down at 3:15 A.M. on February 18, 1980 with 3000#.



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

SIGNED Charles L. Schmidt

TITLE Operations Manager

DATE March 3, 1980

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY ak Zink
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAR 6 1980

NMOCC

*See Instructions on Reverse Side

FARMINGTON DISTRICT
BY M. L. Kuchera