

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: 845' FNL & 1745' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Run Intermediate Casing	

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 8-3/4" hole to 3550'. Ran 85 jts 7" 23# K-55 LT&C new casing. Set casing @ 3545'. Cmt'd w/480 sx lite w/1/4# flocele & 100 sx neet w/2% CaCl. Plug down @ 7:40 PM 9-20-80. Cement did not circ. Ran temp survey and found top cement @ 2500'.

5. LEASE  
SF 080776-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A

7. UNIT AGREEMENT NAME  
N/A

8. FARM OR LEASE NAME  
William Mansfield

9. WELL NO.  
E-1/E

10. FIELD OR WILDCAT NAME  
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 25-30N-10W

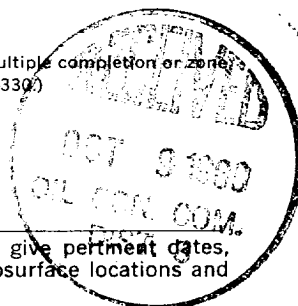
12. COUNTY OR PARISH  
San Juan

13. STATE  
NM

14. API NO.  
N/A

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
GR 6079'

(NOTE: Report results of multiple completion or zone change on Form 9-330)



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

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

SIGNED C. Wallace Schmidt TITLE Operations Manager DATE 10-2-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITION OF APPROVAL \_\_\_\_\_

OCT 08 1980

NMOCG

\*See Instructions on Reverse Side

BY

FARMINGTON DISTRICT