

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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Run Production Casing

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.
B-1 15

10. FIELD OR WILDCAT NAME
Basin Dakota

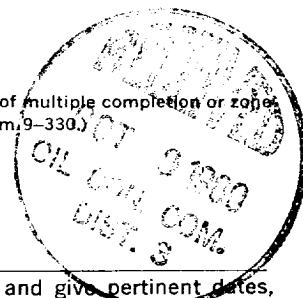
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25-30N-10W

12. COUNTY OR PARISH 13. STATE
San Juan NM

14. API NO.
N/A

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

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



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 to TD 7338'. Ran 280 jts 4-1/2" 10.5# K-55 ST&C & LT&C new casing. Set casing @ 7346'. Cmted in 2 stages w/200 sx 50-50 Pozmix w/6% gel & 100 sx class "B", DV collar @ 5319', cmted w/299 sx 50-50 Pozmix w/6% gel and 50 sx class "B". Plug down @ 10:55 AM 9-27-80 w/2500#.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Charles F. Schmidt TITLE Operations Manager DATE 10-2-80

(This space for Federal or State office use)

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

OCT 08 1980

NMOCC'

BY BM FARMINGTON DISTRICT

*See Instructions on Reverse Side