

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

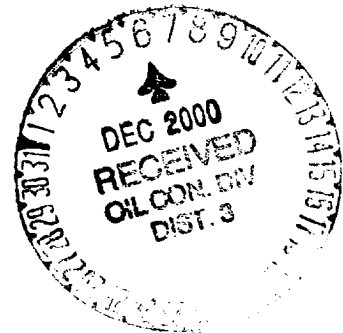
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other 2. Name of Operator Koch Exploration Company 3. Address of Operator P.O. Box 489, Aztec, NM 87410 4. Well Location Unit Letter <u>E</u> : <u>1955</u> feet from the <u>North</u> line and <u>930</u> feet from the <u>West</u> line Section <u>20</u> Township <u>30N</u> Range <u>11W</u> NMPM County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 5670' GR	WELL API NO. 30-045-30382
	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
	6. State Oil & Gas Lease No. NM-03886
	7. Lease Name or Unit Agreement Name: Carle
	8. Well No. 1B
9. Pool name or Wildcat Blanco Mesa Verde	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Spud Well on 12/4/00.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Donald Johnson TITLE Operations Manager DATE 12/5/00

Type or print name Donald Johnson Telephone No. 505-334-9111

(This space for State use)
APPROVED BY CHARLES T. PERRON TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 3 DATE DEC - 6 2000
Conditions of approval, if any: