

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 014110

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

WALKER

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Blanco/Mesa Verde

11. SEC., T., R., OR BLK. AND  
SURVEY OR AREA

Sec.13-31N-10W

12. COUNTY OR PARISH

13. STATE

San Juan

New Mexico

1. OIL ☐ GAS ☒ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

Koch Exploration Co., Div. of Koch Industries Inc.

3. ADDRESS OF OPERATOR

P.O. Box 2256, Wichita, Kansas 67201

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

990' FNL & 990' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6577' KB

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 PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☒

(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.)\*

This well was plugged and abandoned 1-27-77 as follows: 40 sx cmt plug spotted 2990-2790', perf 5 holes 2040-2050'. Sqz 100 sx through holes, 250' below perfs & 250' above perfs. 10 sx cmt plug at surface to 50'. Cut surf csg off 5' below GL.



FEB 2 1977

U.S. GEOLOGICAL SURVEY

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

SIGNED

*Lincoln J. Gault*

TITLE Ass't Operations Manager

DATE 1-28-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*OK*

\*See Instructions on Reverse Side