

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 013688-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Koch Exploration Company

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

950' FEL and 990' FNL NE/4

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
WALKER

9. WELL NO.
1-R

10. FIELD AND POOL, OR WILDCAT
Blanco/Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 13-31N-10W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GL 6565'

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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Surface Casing
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.)*

Ran 88 jts 7" 26# N-80 LT & C SH csg, set csg @ 3620'. Cmtd w/100 sx 65/35 Poz, 12% gel & 1/4# Cello Flake/sx & 150 sx reg cmt w/2% CaCl. PD w/1000#. DV collar at 2415', second stage cmtd w/200 sx 65/35 Poz, 12% gel & 1/4# Cello Flake/sx. Cmt circ to surface. PD w/2700#.

Note: Drlg at 5793' as of 2-1-77.



FEB 2 1977

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

SIGNED Orwell L. Schmitt TITLE Operations Manager DATE 1-31-77

(This space for Federal or State office use)

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