

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>FRUITLAND COAL WELL</u>		3. LEASE DESIGNATION AND SERIAL NO. <u>NM-013642</u>
2. NAME OF OPERATOR <u>KOCH EXPLORATION COMPANY</u>		4. UNIT ASSIGNMENT NAME <u>NA</u>
3. ADDRESS OF OPERATOR <u>3605 N. DUSTI-FARMINGTON, NEW MEXICO 87401</u>		5. NAME OR LEASE NAME <u>GARDNER- C</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1430' FSL &amp; 1670' FWL</u>		6. WELL NO. <u>4</u>
5. PERMIT NO. <u>30-045-28011</u>		7. FIELD AND POOL, OR WILDCAT <u>BASIN FRUITLAND COAL</u>
6. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>GR. 6719'</u>		8. SEC., T., R., N., OR S.W., AND SUBST. OR AREA <u>25-T-32N-R-9W</u>
		9. COUNTY OR PARISH <u>SAN JUAN</u>
		10. STATE <u>NM.</u>

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANK <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <u>DOWN GRADE BOPS</u>		(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 NOTICE IS APPLYING FOR PERMISSION TO DOWN GRADE OUR BOP STACK TO A  
2000# SYSTEM INSTEAD OF THE 3000# STACK THAT WAS ORIGINALLY APPROVED.

RECEIVED  
APR 16 1991  
OIL CON. DIV.  
DIST. 3

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

SIGNED Delores A. Eckert TITLE DIST. PROD. SUPT.

DATE 3-28-91

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE APR 11 1991

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

BY LM