Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II Sante Fe, New Mexico 87504-2088			•	WELL API NO. 30-045-30286			
DISTRICT II Sante Fe, New P.O. Drawer DD, Artesia, NM 88210	Mexico	8/304-2088		5. Indicate Ty	ype of Lease STATE	FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil NM-0141	l & Gas Lease No. 110		
SUNDRY NOTICES AND REPORTS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DIFFERENTRESERVOIR. USE "APPLICATION (FORM C-101) FOR SUCH PROPO	TO DEE ON FOI	EPEN OR PLUG B	ACK TO A		e or Unit Agreemen Valker	t Name	
i. Type of Well: Oil Well Gas Well X	ther	OCT.	2000 2000		aikei		
Name of Operator Koch Exploration Company				8. Well No			
3. Address of Operator P.O. Box 489 Aztec, New Mexico 87410 (505) 334-911				4.	me or Wildcat lanco Mesa Verd	de	
4. Well Location		1		å			
Unit LetterO_: _660' Feet From TheSouth	Lin	ne and1712	2'	_Feet From Th	neEast	Line	
Section 10 Township 31N 10. Elevation (Show whete 6131	her DF, I	nge 10W RKB, RT, GR, etc.)	NMPM	San Juan	e e	County	
11. Check Appropriate Box to Inc.	licate	Nature of Not	ice, Repor	t, or Other	r Data		
NOTICE OF INTENTION TO:			SUBSEQU	JENT REF	PORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON		REMEDIAL WORK ALTER CASING					
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DI	RILLING OP	NS PLU	JG AND ABANL	ONMENT [
L OR ALTER CASING CASING TEST AND CEMEN				T JOB X	}		
OTHER:		OTHER:					
12. Describe Proposed or Completed Operations (Clearly state all pertinent work) SEE RULE 1103.	t details,	and give pertinent d	lates, including	estimated date	e of starting any pro	posed	
Set 4 1/2", 10.5#, J-55 casing on 10/10/00, set @ 54 III cement + 10 lbs./sk of CSE which is a total of 40 anticipated throughout cement job. Ran CBL Log on 10/13/00 and found TOC @ 499)4 cu.	ft. (Yeild 2.16	5, 12.3#). I	Did not ho	old pump pres	ssure as	
workover rig is available. At that time we will run	anothe	er CBL Log to	determine	TOC afte	er squeeze.		
I hereby certify that the information above is true and comple	te to the	e best of my know	wledge and b	elief.			
SIGNATURE and fight		_TITLEOpera	tions Manag	erD	ATE10/25/0	0	
TYPE OR PRINT NAME Donald L. Johnson		****		TELEPHO	ONE NO. (505)	334-9111	
(This space for State Use)	resource of	DEPUTY OF	1 5 60 W.	er merke ettelja	o OCT 2	2	
APPROVED BY		TITLE			DATE	- 19 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	