

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

100-103  
 Supersedes Old  
 C-102 and C-103  
 Effective 1-1-68

2 2 31 AM '69

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	E-1356-3

## 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Koch Exploration Co., a Div. of Koch Industries, Inc.	8. Farm or Lease Name MILLER STATE
3. Address of Operator P. O. Box 2256, Wichita, Kansas 67201	9. Well No. 1
4. Location of Well UNIT LETTER <u>P</u> , <u>440</u> FEET FROM THE <u>south</u> LINE AND <u>440</u> FEET FROM THE <u>east</u> LINE, SECTION <u>4</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> N.M.P.M.	10. Field and Pool, or Wildcat Vacuum-San Andres
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

16. 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER * <input checked="" type="checkbox"/>

17. 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.

\* This form is being filed to reestablish allowable, and to correct error on Form C-104 filed September 25, 1968.

No work has been done on this well, and well has not been temporarily abandoned.

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

SIGNED Albin TITLE Assistant Superintendent DATE 11-28-69  
 APPROVED BY Joe A. Steiner TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY: