

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

**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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other Water Inj. well  
 2. NAME OF OPERATOR  
Koch Exploration Company, Div. of Koch Ind., Inc.  
 3. ADDRESS OF OPERATOR  
P. O. Box 2256, Wichita, Kansas 67201  
 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 20' FSL & 1315' FWL  
 AT SURFACE:  
 AT TOP PROD. INTERVAL:  
 AT TOTAL DEPTH: 11E'

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
 FRACTURE TREAT ☐  
 SHOOT OR ACIDIZE ☐  
 REPAIR WELL ☐  
 PULL OR ALTER CASING ☐  
 MULTIPLE COMPLETE ☐  
 CHANGE ZONES ☐  
 ABANDON\* ☒  
 (other) Plug and abandon

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**RECEIVED**

OCT 14 1980

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.**RECEIVED**

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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.)\*

Will be P & A as shown in the below steps.

1. Top of cement behind 5-1/2" casing at 2725'.
2. Cast iron bridge plug set above perforations, (if any), with a minimum of 35' of cement on top of cast iron bridge plug. Fill hole with 9.5# salt type mud. Will tag up on plug.
3. 5-1/2" casing will be shot off at 2700'.
4. 100 foot plug (50 feet in and 50 feet out of stub) then 100 foot plug at top of salt formation. Will tag up on plug.
5. 100 foot plug (50 feet in, 50 feet out of shoe of surface casing.) A 10 sx cement plug at top of surface casing. Will tag up on plug.
6. ~~With a required surface dry hole marker.~~

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

Assistant

SIGNED

*Peter W. Chester*

TITLE Operations Mgr.

DATE October 7, 1980

**APPROVED**

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER  
 CONDITIONS OF APPROVAL, IF ANY:

DATE

**MAY 5 1981**

FOR

**JAMES A. GILLHAM  
DISTRICT SUPERVISOR**

See instructions on Reverse Side