

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection	5. LEASE DESIGNATION AND SERIAL NO. LC 050107-A
2. NAME OF OPERATOR Koch Industries Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2256, Wichita, Kansas 67201	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 20' FSL & 20' FWL	8. FARM OR LEASE NAME WILLS "A"
	9. WELL NO. 7
	10. FIELD AND POOL, OR WILDCAT Rhodes
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35-26S-37E
14. PERMIT NO.	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2973' GR	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <u>Current status of well</u>	<u>XX</u>

SUBSEQUENT REPORT OF:

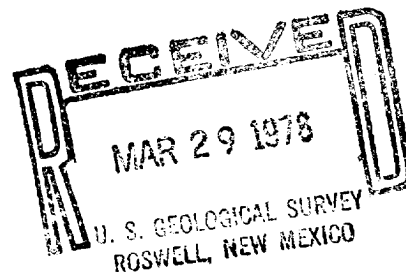
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____	

(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 well was shut-in in the last part of October, 1977.
We would like to retain this status pending the outcome
of the evaluation being made on this unit.

This approval of temporary
abandonment expires 10-31-78



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

SIGNED [Signature] TITLE Asst. Operations Mgr. DATE 3-23-78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

