

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

Revised July 18, 2013

WELL API NO.

30-025-44526

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E-490

7. Lease Name or Unit Agreement Name

Bell Lake Unit South

8. Well Number 220H

9. OGRID Number 12361

10. Pool name or Wildcat

Bell Lake Bone Spring South

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. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Kaiser-Francis Oil Company

3. Address of Operator

P. O. Box 21468, Tulsa, OK 74121-1468

4. Well Location

Unit Letter L : 2233 feet from the South line and 583 feet from the West line
Section 1 Township 24S Range 33E NMPM Lea County

11. Elevation (Show well DR, RKB, RT, GR, etc.)

3630' GR

12. Check

PERF

TEMP

PULL

DOWN

CLOSE

OTHER

Minimum casing test pressure shall be approximately 1/3 of manufacturer's rated internal yield pressure except that the test pressure shall be less than 600# per square inch and need not be greater than 1500# per square inch. Test pressures shall be applied for a period of 30 minutes.

COMPL ☐

Nature of Notice, Report or Other Data

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: Casing Detail ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

4/15/18 13 3/8", 54.5#, J55 set @ 1332' & cmt'd w/1175 sxs. TOC @ surface. Pressure tested to 2184#.

4/18/18 9 5/8", 40#, P-110 set @ 5197' & cmt'd w/1590 sxs. TOC @ surface. Pressure tested to 1500#.

5/01/18 5 1/2", 20#, P-110 set @ 18901' & cmt'd w/3145 sxs. TOC @ surface. Pressure tested to 9500#.

Spud Date:

4/13/18

Rig Release Date:

5/2/18

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

SIGNATURE



FILEMgr., Regulatory Compliance

DATE 9/26/18

Type or print name

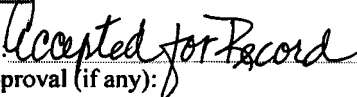
Charlotte Van Valkenburg

E-mail address: Charlotv@kfoc.net

PHONE: 918-491-4314

For State Use Only

APPROVED BY:



TITLE

DATE 9-27-18

Conditions of Approval (if any):