

District I
1625 N. French Dr., Hobbs, NM

District III
811 S. First St., Artesia, NM 88210

District IV
1000 Rio Brazos Rd., Aztec, NM 87410

District V
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Kaiser-Francis Oil Company P. O. Box 21468, Tulsa, OK 74121-1468		² OGRID Number 12361
		³ Reason for Filing Code/ Effective Date NW
⁴ API Number 30-025-43033	⁵ Pool Name Bell Lake; Bone Spring, North	⁶ Pool Code 5150
⁷ Property Code 316707	⁸ Property Name Bell Lake Unit North	⁹ Well Number 230H

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
I	6	23S	34E	-	2057	South	875	East	Lea

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	31	22S	34E	-	255	North	396	East	Lea

¹² Loe Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 4/1/18	¹⁵ C-129 Permit Number -	¹⁶ C-129 Effective Date -	¹⁷ C-129 Expiration Date -
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III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
195739	Plains Pipeline LP 333 Clay St., #1600, Houston, TX 77002	0
24650	Targa Midstream Services LLC 1000 Louisiana St., Ste. 4300, Houston, TX 77002	G

IV. Well Completion Data

²¹ Spud Date 11/20/17	²² Ready Date 3/30/18	²³ TD 18370	²⁴ FBTD 18275	²⁵ Perforations 10800-18251	²⁶ DHC, MC -
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2	13 3/8	1432	1200		
12 1/4	9 5/8	5250	1945		
8 3/4	5 1/2	18359	2865		

V. Well Test Data

³¹ Date New Oil 4/1/18	³² Gas Delivery Date 4/1/18	³³ Test Date 4/14/18	³⁴ Test Length 24 hrs.	³⁵ Tbg. Pressure -	³⁶ Csg. Pressure 2325
³⁷ Choke Size 26/64	³⁸ Oil 1132	³⁹ Water 2273	⁴⁰ Gas 1982		⁴¹ Test Method Flowing

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Jan Alkenburg*

Printed name: Charlotte Van Valkenburg

Title: Mgr., Regulatory Compliance

E-mail Address: Charlottv@kfoc.net

Date: 5/16/18 Phone: 918-491-4314

OIL CONSERVATION DIVISION

Approved by: *Karen Sharp*

Title: *Staff Mgr*

Approval Date: 6-12-18

Pending BLM approvals will subsequently be reviewed and scanned

New Mexico Oil Conservation Division
C-104 Instructions

October 13, 2009

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 19.15.16.14 NMAC.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one, please read the FAQ "How Do I Become A Well Operator?" at www.enmrd.state.nm.us/ocd.
3. Reason for filing code from the following table:
NW New Well
RC Recompletion
RT Request for test allowable (Include volume requested)
If for any other reason write that reason in this box.
4. The API number of this well.
5. The name of the pool for this completion.
6. The pool code for this pool.
7. The property code for this completion.
8. The property name (well name) for this completion.
9. The well number for this completion.
10. The surface location of this completion. NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion.
12. Lease code from the following table:
F Federal
S State
C Co
J Jarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
13. The producing method code from the following table:
F Flowing
P Pumping or other artificial lift
14. MM/DD/YY that this completion was first connected to a gas transporter.
15. The permit number from the District approved C-129 for this completion.
16. MM/DD/YY of the C-129 approval for this completion.
17. MM/DD/YY of the expiration of C-129 approval for this completion.
18. The gas or oil transporter's OGRID number.
19. Name and address of the transporter of the product.
20. Product code from the following table:
O Oil
G Gas
W Water
21. MM/DD/YY drilling commenced.
22. MM/DD/YY this completion was ready to produce.
23. Total measured depth of the well.
24. Plugback measured depth.
25. Top and bottom perforation in this completion or casing shoe and TD if openhole.
26. Write in "DHC" if this completion is downhole commingled with another completion or "MC" if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram
27. Hole size.
28. Outside diameter of the casing and tubing.
29. Depth of casing and tubing. If a casing liner, show top bottom.
30. Number of sacks of cement used per casing string.
The following test data is for an oil well. It must be from a conducted only after the total volume of load oil is recovered.
31. MM/DD/YY that new oil was first produced.
32. MM/DD/YY that gas was first produced into a pipeline.
33. MM/DD/YY that the following test was completed.
34. Length in hours of the test.
35. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
36. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
37. Diameter of the choke used in the test.
38. Barrels of oil produced during the test.
39. Barrels of water produced during the test.
40. MCF of gas produced during the test.
41. The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.
42. The signature, printed name, title, and e-mail address of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report.

phone call 6-12-18 for casing + completion info

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.5. Lease Serial No.
NMLC070544A

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
BELL LAKE UNIT NORTH 230H

2. Name of Operator

KAISER-FRANCIS OIL COMPANY

Contact: CHARLOTTE VAN VALKENBURG

E-Mail: Charlotv@kfoc.net

9. API Well No.
30-025-43033

3a. Address

P. O. BOX 21468
TULSA, OK 74121-1468

3b. Phone No. (include area code)

Ph: 918-491-4316

10. Field and Pool or Exploratory Area
OJO CHISO; BONE SPRING SW

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 6 T23S R34E Mer NMP NENE 2057FSL 875FEL
32.332030 N Lat, 103.503540 W Lon

JUN 12 2018

11. County or Parish, State

LEA COUNTY, NM

RECEIVED

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

CASING DETAIL

NOV 23, 2017

RAN 13.375 INCH, J55, 54.5 LBS AND SET AT 1432 FEET. CEMENTED WITH 1200 SXS CMT, 353 BBLS SLURRY. TOC AT SURFACE.

NOV 27, 2017

RAN 9.625 INCH, P110, 40 LB AND SET AT 5250 FEET. CEMENTED WITH 1945 SXS CMT, 621 BBLS SLURRY. TOC AT 50 FT.

JAN 4, 2018

RAN 5.5 INCH, P110, 20 LB AND SET AT 18359 FEET. CEMENTED WITH 2865 SXS CMT, 797 BBLS SLURRY. TOC

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

**Electronic Submission #423700 verified by the BLM Well Information System
For KAISER-FRANCIS OIL COMPANY, sent to the Hobbs**

Name (Printed/Typed) CHARLOTTE VAN VALKENBURG

Title MGR., REGULATORY COMPLIANCE

Signature (Electronic Submission)

Date 06/12/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Pending BLM approvals will
subsequently be reviewed
and scanned

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

to make to any department or agency of the United

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Additional data for EC transaction #423700 that would not fit on the form

32. Additional remarks, continued

AT 4300 FT.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

Bold* fields are required.

Section 1 - Completed by Operator	
1. BLM Office* Hobbs, NM	2. Well Type* OIL
3. Completion Type* New Well	
<div style="text-align: right; font-weight: bold; font-size: 1.2em; margin-bottom: 10px;">HOBBS OCD</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em; margin-bottom: 10px;">JUN 12 2018</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; margin-top: 10px;">Operating Company Information</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 4. Company Name* KAISER-FRANCIS OIL COMPANY </div> <div style="width: 45%;"> 6. Phone Number* 918-491-4314 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> 5. Address* P. O. BOX 21468 _____ TULSA OK 74121 </div> <div style="width: 45%;"></div> </div>	
<div style="text-align: center; margin-top: 10px;">Administrative Contact Information</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 7. Contact Name* CHARLOTTE _ VAN VALKENBURG </div> <div style="width: 45%;"> 8. Title* MGR., REGULATORY COMPLIANCE </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> 9. Address* P. O. BOX 21468 _____ TULSA OK 74121 </div> <div style="width: 45%;"> 10. Phone Number* 918-491-4314 ____ 11. Mobile Number _____ 12. E-mail* Charlotv@kfoc.net </div> </div>	
<div style="text-align: center; margin-top: 10px;">Technical Contact Information</div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact. </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 14. Contact Name* _____ 16. Address* _____ _____ _____ 19. E-mail* _____ </div> <div style="width: 45%;"> 15. Title* _____ 17. Phone Number* _____ 18. Mobile Number _____ 20. Fax Number _____ </div> </div>	
<div style="text-align: center; margin-top: 10px;">Surface Location</div> 21. Specify location using one of the following methods: <ul style="list-style-type: none"> a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract b) State, County, Latitude, Longitude, Metes & Bounds description <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> State* NM </div> <div style="width: 45%;"> County or Parish* LEA </div> </div>	

Pending BLM approvals will
subsequently be reviewed
and scanned

Section 06	Township 23S	Range 34E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr NESE	Lot # —	Tract # —	N/S Footage 2057 FSL	E/W Footage 875 FEL
Latitude 32.33203	Longitude 103.50354	Metes and Bounds		

Producing Interval Location

22. Specify location or

☐ Check here if the producing hole location is the same as the surface location.

State* County or Parish*

NM LEA

Section 06	Township 23S	Range 34E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr SENE	Lot # —	Tract # —	N/S Footage 2539 FSL	E/W Footage 399 FEL
Latitude 32.33399	Longitude 103.50201	Metes and Bounds		

Bottom Location

23. Specify location or

☐ Check here if the bottom hole location is the same as the surface location.

State* County or Parish*

NM LEA

Section 31	Township 22S	Range 34E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr NENE	Lot # —	Tract # —	N/S Footage 255 FNL	E/W Footage 396 FEL
Latitude 32.35441	Longitude 103.50198	Metes and Bounds		

Lease and Agreement

24. Lease Serial Number*

NMLC070544A

26. If Unit or CA/Agreement, Name and/or Number

27. Field and Pool, or Exploratory Area*

OJO CHISO; BONE SPRING SW

Well

28. Well Name*

BELL LAKE UNIT NORTH

29. Well Number*

230H

30. API Number

30-025-43033

31. Date Spudded

11/20/2017

32. Date T.D. Reached

12/31/2017

33. Date Completed

03/30/2018

34. Elevations (DF, RKB, RT, GL)

3458 Ground Level

☐ Dry & Abandoned☒ Ready to Produce

35. Total Depth:

MD 18370

TVD 10226

36. Plug Back Total Depth:

MD 18275

TVD 10226

37. Depth Bridge Plug Set:

MD —

TVD —

38. Type Electric & Other Mechanical Logs Run

39.

(Submit copy of each)

CLS GR

Was Well Cored? ☒ No ☐ Yes (Submit Analysis)Was DST run? ☒ No ☐ Yes (Submit Report)Directional Survey? ☐ No ☒ Yes (Submit Copy)

40. Casing and Liner Record (Report all strings set in well)

Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
17.5	13.375	J55	54.5	0	1432	—	1200	353	0	0
12.25	9.625	P110	40	0	5250	—	1945	621	50	0
8.75	5.5	P110	20	0	18359	—	2865	797	4300	0
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—

41. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)
—	—	—
—	—	—
—	—	—

42. Producing Intervals

Formation	Top (MD)	Bottom (MD)
A) BONE SPRING	10800	18251
B) —————	—	—
C) —————	—	—
D) —————	—	—

43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status
10800	18251	0.42	2028	OPEN
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

44. Acid, Fracture, Treatment, Cement Squeeze, etc.

Top	Bottom	Amount and Type of Material
10800	18251	126000 G. 15 PERCENT HCL PLUS 55592 BBLs 15 LB LINEAR GEL PLUS 376509 BBLs SLICKWATER PLUS 315519 LB
—	—	100 MESH PLUS 17403151 LB 3050
—	—	—
—	—	—

45. Production Method and Well Status for Production Intervals

Production Method	Well Status
Flows From Well	Producing Oil Well

46. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity	Corr. API	Gas Gravity
04/01/2018	04/14/2018	24	>>>>>	1132	1982	2273	44		.77
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio		
26	—	2325	>>>>>	1132	1982	2273	1751		

47. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	_____	_____	_____	_____	_____	_____

48. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	_____	_____	_____	_____	_____	_____

49. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	_____	_____	_____	_____	_____	_____

50. Disposition of Gas (Sold, used for fuel, vented, etc.)

Sold

51. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

52. Formation (Log)

Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
DELAWARE GROUP	5117	8739	_____	_____	_____
UPPER AVALON	8739	8951	_____	_____	_____
LOWER AVALON	8951	9792	_____	_____	_____
1ST BONE SPRING	9792	10243	_____	_____	_____
2ND BONE SPRING	10406	10811	_____	_____	_____
3RD BONE SPRING	11323	11586	_____	_____	_____
TOP WOLFCAMP	11586	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

53. Additional remarks (include plugging procedure):

54. Indicate which items have been attached by placing a check in the appropriate boxes:

☒ Electrical/Mechanical Logs (1 full set req'd.) ☒ Geologic Report ☐ DST Report ☒ Directional Survey
☐ Sundry Notice for plugging and cement verification ☐ Core Analysis ☐ Other:

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

55. Name

CHARLOTTE _ VAN VALKENBURG

56. Title

MGR., REGULATORY COMPLIANCE

57. Date* (MM/DD/YYYY)

05/16/2018

58. Signature*

You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.

Title 18 U.S.C Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Section 2 - System Receipt Confirmation

59. Transaction

60. Date Sent

61. Processing Office

Section 3 - Internal Review #1 Status

62. Review Category

63. Date Completed

64. Reviewer Name

65. Comments

Section 4 - Internal Review #2 Status

66. Review Category _____	67. Date Completed _____	68. Reviewer Name _____
69. Comments 		

Section 5 - Internal Review #3 Status		
70. Review Category _____	71. Date Completed _____	72. Reviewer Name _____
73. Comments 		

Section 6 - Internal Review #4 Status		
74. Review Category _____	75. Date Completed _____	76. Reviewer Name _____
77. Comments 		

Section 7 - Final Approval Status			
78. Disposition _____	79. Date Completed _____	80. Reviewer Name _____	81. Reviewer Title _____
82. Comments 			

INSTRUCTIONS

GENERAL: This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

ITEMS 24, 22, and 23: Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

ITEM 34: Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

ITEM 40: Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

PRIVACY ACT

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is to be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING THE INFORMATION: Filing of this report and disclosure of the information is mandatory once a well drilled on a Federal or Indian lease is completed/recompleted.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow evaluation of the technical, safety, and environmental factors involved with drilling and completing/recompleting wells on Federal and Indian oil and gas leases.

This information will be used to analyze operations and to compare equipment and procedures actually used with those proposed and approved.

Response to this request is mandatory only if the operator elects to initiate drilling completing/recompleting and operations on an oil and gas lease.

BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT

Public reporting burden for this form is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer, (WO-630), MS 401 LS, 1849 C Street, N.W., Washington, D.C. 20240.