

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505				<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b> <b>Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>				<b>Form C-105</b> Revised April 3, 2017			
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; color: red; font-weight: bold; font-size: 24px; transform: rotate(-45deg);">             HOBBES 000              DEC 14 2018              RECEIVED           </div> </div>				1. WELL API NO.				30-025-44618			
				2. Type of Lease				<input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN			
				3. State Oil & Gas Lease No.				E-5898			
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>											
4. Reason for filing:  <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)						5. Lease Name or Unit Agreement Name					
						Bell Lake Unit South  6. Well Number:  <div style="text-align: right;">330H</div>					
7. Type of Completion:											
<input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER											
8. Name of Operator						9. OGRID					
Kaiser-Francis Oil Company						12361					
10. Address of Operator						11. Pool name or Wildcat					
P. O. Box 21468, Tulsa, OK 74121-1468						Bell Lake; Bone Spring, South					
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County	
Surface:	I	6	24S	34E	-	2130	South	620	East	Lea	
BH:	A	31	23S	34E	-	331	North	539	East	Lea	
13. Date Spudded	14. Date T.D. Reached		15. Date Rig Released			16. Date Completed (Ready to Produce)			17. Elevations (DF and RKB, RT, GR, etc.)		
5/6/18	6/29/18		7/3/18			11/16/18			3602 GR		
18. Total Measured Depth of Well			19. Plug Back Measured Depth			20. Was Directional Survey Made?			21. Type Electric and Other Logs Run		
19455/11566			19398			Yes			PE-AI, PE-CN-3DLD		
22. Producing Interval(s), of this completion - Top, Bottom, Name											
11870 - 19356 Bone Spring											
<b>23. CASING RECORD (Report all strings set in well)</b>											
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
13 3/8		54		1312		17 1/2		1150 sxs		-0-	
9 5/8		40		11190		12 1/4		1620 sxs		-0-	
DV Tool		-		4976		12 1/4		1915 sxs		-0-	
5 1/2		20		19436		8 1/2		3530 sxs		-0-	
<b>24. LINER RECORD</b>											
SIZE	TOP	BOTTOM		SACKS CEMENT		SCREEN		25. TUBING RECORD			
None	-	-		-		-		None		None	
26. Perforation record (interval, size, and number)						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.					
11870 - 19356 .42 1905						DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED			
						11870 - 19356		125264 g. 15% HCL + 437246 bbls			
								fluid + 1770354# 100 M + 18949141#			
								40/70 sd.			
<b>28. PRODUCTION</b>											
Date First Production			Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)				
11/17/18			Flowing				Producing				
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio				
11/25/18	24	14/64	24 hrs	645	1753	1007	2717				
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)					
-	4550		645	1753	1007	44					
29. Disposition of Gas (Sold, used for fuel, vented, etc.)							30. Test Witnessed By				
Sold							-				
31. List Attachments											
C-103, C-104											
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.									33. Rig Release Date:		
34. If an on-site burial was used at the well, report the exact location of the on-site burial:											
Latitude				Longitude				NAD83			
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief											
Signature			Printed Name			Title			Date		
Charlotte Van Valkenburg			Charlotte Van Valkenburg			Mgr., Regulatory Compliance			12/13/18		
E-mail Address: Charlottv@kfoc.net											