

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OCD
APR 12 2019
RECEIVED

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.)		WELL API NO. 30-025-44690
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Kaiser-Francis Oil Company		6. State Oil & Gas Lease No. E-5999
3. Address of Operator P. O. Box 21468, Tulsa, OK 74121-1468		7. Lease Name or Unit Agreement Name Bell Lake Unit North
4. Well Location Unit Letter E : 2140 feet from the North line and 325 feet from the West line Section 1 Township 23S Range 33E NMPM Lea County		8. Well Number 201H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3517' GR		9. OGRID Number 12361
		10. Pool name or Wildcat Ojo Chiso; Bone Spring, SW

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Casing detail <input checked="" type="checkbox"/>	

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.

9/9/18 13 3/8", 54.5#, J55 set @ 1205' & cmt'd w/1060 sxs. TOC @ surface. Pressure tested to 1500#.

9/13/18 9 5/8", 40#, P110 set @ 5344' & cmt'd w/1610 sxs. TOC @ surface. Pressure tested to 1500#.

9/28/18 5 1/2", 20#, P110 set @ 18900' & cmt'd w/2920 sxs. TOC @ 1300'. Pressure tested to 9900#.

Spud Date:

9/7/18

Rig Release Date:

9/29/18

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

SIGNATURE

Charlotte Van Valkenburg

TITLE Mgr., Regulatory Compliance

DATE 4-11-19

Type or print name Charlotte Van Valkenburg

E-mail address: Charlotv@kfoc.net

PHONE: 918-491-4314

For State Use Only

APPROVED BY

Karen Sharp

TITLE

Staff Mgr

DATE 4-30-19

Conditions of Approval (if any):