Submit One Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised November 3, 2011
Submit One Copy To Appropriate District Office <u>District 1</u> 1625 N. French Dr., Hobbs, NM 882400BBS OF 1 <u>District 11</u>	gy, Minerais and Natural Resources	WELL API NO. 30-025-08488
District II 1625 N. French Dr., Hobbs, NM 882 District III 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 874 MAR 27 District IV 1220 S. Et Engelo Dr. Sonto Fo. NM	CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 874 MIAN	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505 RECEIVE		E-5896
SUNDRY NOTIČES AND (DO NOT USE THIS FORM FOR PROPOSALS TO DR DIFFERENT RESERVOIR. USE "APPLICATION FOF PROPOSALS.)	LILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agréement Name Bell Lake State
1. Type of Well: Oil Well Gas Well Other		8. Well Number 1
2. Name of Operator Kaiser-Francis Oil Company		9. OGRID Number 012361
3. Address of Operator P.O. Box 21468, Tulsa, OK 74121-	1/68	10. Pool name or Wildcat Bell Lake (Bone Springs)
4. Well Location	1400	
Unit Letter <u>N</u> : <u>330</u> feet from the <u>South</u> line and <u>2970</u> feet from the <u>East</u> line		
	Range <u>34E</u> NMPM <u>Lea</u> County ation (Show whether DR, RKB, RT, GR, etc.)	
3816'		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON	E PLANS	
PULL OR ALTER CASING DULTIP		ГЈОВ 🗌
		eady for OCD inspection after P&A
 All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. N/A Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the 		
Markers buried per NMOCD instruction to reduce hazard to native birds.		
<u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR</u> <u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u>		
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.		
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.		
 Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with 		
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.		
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have		
to be removed.) All other environmental concerns have been addressed as per OCD rules.		
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.		
If this is a one-well lease or last remaining		d lines have been removed from lease and well
location, except for utility's distribution infrastructure.		
When all work has been completed, return this form to the appropriate District office to schedule an inspection.		
SIGNATURE Isress Mykon	TITLE Regulatory Compliance	Analyst DATE 3/25/14
TYPE OR PRINT NAME Teresa Mixon	E-MAIL: TeresaMi@kfoc.net	PHONE: <u>918-491-4591</u>
For State Use Only APPROVED BY: Mahunte	Im TITLE Compliance	Officer DATE 04/02/2014 APR @ 7 20.14
<u>-</u> -		APR 07 20.14

· · ·

Lu