

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

DEC 14 2018

RECEIVED

WELL API NO.	30-025-44618
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-5898
7. Lease Name or Unit Agreement Name	Bell Lake Unit South
8. Well Number	330H
9. OGRID Number	12361
10. Pool name or Wildcat	Bell Lake; Bone Spring, South
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3602 GR

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG 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 I : 2130 feet from the South line and 620 feet from the East line  
Section 6 Township 24S Range 34E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3602 GR

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: Completion <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.

Completion began 8/13/18 Completion finished 11/16/18

1. MIRU WL.
2. TCP'd first stage @ 19236 - 19356. Broke down perfs.
3. Stage frac'd lateral 11870 - 19356 in 42 stages with 440228 bbls fluid + 20719495# sd.
4. Drilled out plugs & cleaned out lateral to PBTD w/coiled tbg. Flowed well back.

Spud Date:

5/6/18

Rig Release Date:

7/3/18

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

SIGNATURE Jan Alkenburg TITLE Mgr., Regulatory Compliance DATE 12/13/18  
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 12-18-18  
Conditions of Approval (if any):