

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>Oil Conservation Division</b> 1220 South St. Francis Dr. Santa Fe, NM 87505				<b>Form C-105</b> Revised April 3, 2017				
		1. WELL API NO. <b>30-025-44619</b>								
		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN								
		3. State Oil & Gas Lease No. <b>E-5898</b>								
<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 <b>Bell Lake Unit South</b>  6. Well Number:  <b>430H</b>				
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 <b>Kaiser-Francis Oil Company</b>						9. OGRID <b>12361</b>				
10. Address of Operator <b>P. O. Box 21468, Tulsa, OK 74121-1468</b>						11. Pool name or Wildcat <b>Bell Lake; Wolfcamp, South</b>				
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	-	2160	South	620	East	Lea
BH:	A	31	23S	34E	-	87	North	618	East	Lea
13. Date Spudded <b>7/3/18</b>	14. Date T.D. Reached <b>7/28/18</b>		15. Date Rig Released <b>8/3/18</b>		16. Date Completed (Ready to Produce) <b>11/14/18</b>			17. Elevations (DF and RKB, RT, GR, etc.) <b>3601 GR</b>		
18. Total Measured Depth of Well <b>19877/11830</b>			19. Plug Back Measured Depth <b>19785</b>		20. Was Directional Survey Made? <b>Yes</b>			21. Type Electric and Other Logs Run <b>None</b>		
22. Producing Interval(s), of this completion - Top, Bottom, Name <b>12123 - 19777 Wolfcamp</b>										
<b>23. CASING RECORD (Report all strings set in well)</b>										
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED
10 3/4		40.5		1305		14 3/4		940 sxs		-0-
7 5/8		29.7		11129		9 7/8		1035 sxs		-0-
5 1/2		20		19862		6 3/4		1335 sxs		-0-
<b>24. LINER RECORD</b>										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	25. TUBING RECORD					
None	-	-	-	-	SIZE	DEPTH SET	PACKER SET			
					None	-	None			
26. Perforation record (interval, size, and number)  <b>12123 - 19777 .42 1950</b>					27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED <b>12123 - 19777 210500 g. 15% HCL + 464163 bbls</b> <b>fluid + 1831425# 100M + 19543755#</b> <b>40/70 sd</b>					
<b>28. PRODUCTION</b>										
Date First Production <b>11/16/18</b>		Production Method (Flowing, gas lift, pumping - Size and type pump) <b>Flowing</b>				Well Status (Prod. or Shut-in) <b>Producing</b>				
Date of Test <b>11/26/18</b>	Hours Tested <b>24</b>	Choke Size <b>14/64</b>	Prod'n For Test Period <b>24 hrs</b>	Oil - Bbl <b>383</b>	Gas - MCF <b>1105</b>	Water - Bbl. <b>1258</b>	Gas - Oil Ratio <b>2885</b>			
Flow Tubing Press. <b>-</b>	Casing Pressure <b>4050</b>	Calculated 24-Hour Rate	Oil - Bbl. <b>383</b>	Gas - MCF <b>1105</b>	Water - Bbl. <b>1258</b>	Oil Gravity - API - (Corr.) <b>45</b>				
29. Disposition of Gas (Sold, used for fuel, vented, etc.) <b>Sold</b>							30. Test Witnessed By <b>-</b>			
31. List Attachments <b>C-103, C-104</b>										
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 <b>Charlotte Van Valkenburg</b>		Title <b>Mgr., Regulatory Compliance</b>		Date <b>12/13/18</b>		
E-mail Address <b>Charlotv@kfoc.net</b>										