Submit I Copy To Appropriate District Office	Francis Minerals and Nictional December		Form C-103 Revised July 18, 2013	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO.	-025-45079
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	OIL CONSERVATION 1220 South St. Fran Santa Fe, NO	Big Di	5. Indicate Type of L STATE X 6. State Oil & Gas Le	FEE 🗌 🗘 🕡
87505 APR 1		E-5999		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG POLICY OF A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR CH			7. Lease Name or Unit Agreement Name Bell Lake Unit North	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 101H	
2. Name of Operator			9. OGRID Number	
Kaiser-Francis Oil Company			12361	
3. Address of Operator P. O. Box 21468, Tulsa, OK 74121-1468			10. Pool name or Wildcat Ojo Chiso; Bone Spring, SW	
4. Well Location Unit Letter E: 2070 feet from the North line and 325 feet from the West line				
Section 1		i line and		e <u>West</u> line ounty
Section 1	11. Elevation (Show whether DR,			ounty
3516' GR				
•	Appropriate Box to Indicate N NTENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL		SEQUENT REPO K ALT LLING OPNS. PA	
OTHER:		OTHER:	Casing deta	il K
 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. 10/2/18 13 3/8", 54.5#, J55 set @ 1189 & cmt d w/930 sxs. TOC @ surface. Pressure 				
tested to 1	.500# •			
10/5/18 9 5/8", 47#, P110 set @ 5168' & cmt'd w/1540 sxs. TOC @ surface. Pressure tested to 1500#.				
01/20/18 5 1/2", 20#, P110 set @ 18802' & cmt'd w/2875 sxs. TOC @ surface. Pressure tested to 10,000#.				
		.		
Spud Date: 10/1/1	Rig Release Da	ite:	10/20/18	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Jung	CherfutitleMgr.,	Regulatory Co	ompliance DATE	4-11-19
Type or print name Charlotte Van Valkenburg E-mail address: Charlotv@kfoc.net PHONE: 918-491-4314				

APPROVED BY Sharp TITLE Staff Mgr DATE 4-30-19
Conditions of Approval (If any):