

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-101
August 1, 2011
Permit 250614

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address KAISER-FRANCIS OIL CO P.O. Box 21468 Tulsa , OK 74121		2. OGRID Number 12361
4. Property Code 316706		3. API Number 30-025-44657
5. Property Name BELL LAKE UNIT SOUTH		6. Well No. 119H

7. Surface Location

UL - Lot L	Section 1	Township 24S	Range 33E	Lot Idn L	Feet From 2187	N/S Line S	Feet From 643	E/W Line W	County Lea
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8. Proposed Bottom Hole Location

UL - Lot D	Section 36	Township 23S	Range 33E	Lot Idn D	Feet From 330	N/S Line N	Feet From 790	E/W Line W	County Lea
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9. Pool Information

BELL LAKE;BONE SPRING, SOUTH	98264
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Additional Well Information

11. Work Type New Well	12. Well Type OIL	13. Cable/Rotary	14. Lease Type State	15. Ground Level Elevation 3630
16. Multiple N	17. Proposed Depth 18600	18. Formation Bone Spring	19. Contractor	20. Spud Date 4/12/2018
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

☒ We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	1250	1000	0
Int1	12.25	9.625	40	5200	1200	0
Prod	8.75	5.5	20	18600	1800	4700

Casing/Cement Program: Additional Comments

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22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Double Ram	10000	5000	Cameron

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify I have complied with 19.15.14.9 (A) NMAC ☒ and/or 19.15.14.9 (B) NMAC ☒ if applicable. Signature:	OIL CONSERVATION DIVISION
Printed Name: Electronically filed by Kristin L Gray	Approved By: Paul Kautz
Title:	Title: Geologist
Email Address: kristing@kfoc.net	Approved Date: 4/6/2018 Expiration Date: 4/6/2020
Date: 4/3/2018 Phone: 918-491-4209	Conditions of Approval Attached

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State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number	² Pool Code	³ Pool Name
	5150	Bell Lake; Bone Spring, North
⁴ Property Code	⁵ Property Name	⁶ Well Number
316706	BELL LAKE UNIT SOUTH	119H
⁷ OGRID No.	⁸ Operator Name	⁹ Elevation
12361	KAISER-FRANCIS OIL COMPANY	3630.2

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	1	24 S	33 E		2186.7	SOUTH	642.9	WEST	LEA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	36	23 S	33 E		330	NORTH	790	WEST	LEA

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
160			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

	" OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or undivided mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the district. <i>Charlotte Van Valkenburg</i> 4/3/18 Signature Date Charlotte Van Valkenburg Printed Name Charlotv@kfoc.net E-mail Address "SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. MARCH 28, 2018 Date of Survey <i>FILMON F. JARAMILLO</i> Signature and Seal of Professional Surveyor Certificate Number: FILMON F. JARAMILLO, PLS 12797 SURVEY NO. 6136
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Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form APD Comments

Permit 250614

PERMIT COMMENTS

Operator Name and Address: KAISER-FRANCIS OIL CO [12361] P.O. Box 21468 Tulsa , OK 74121		API Number: 30-025-44657
		Well: BELL LAKE UNIT SOUTH #119H
Created By	Comment	Comment Date
pkautz	GCP received 04/04/2018	4/6/2018

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Form APD Conditions

Permit 250614

PERMIT CONDITIONS OF APPROVAL

Operator Name and Address: KAISER-FRANCIS OIL CO [12361] P.O. Box 21468 Tulsa , OK 74121	API Number: 30-025-44657
	Well: BELL LAKE UNIT SOUTH #119H

OCD Reviewer	Condition
pkautz	Will require a directional survey with the C-104
pkautz	1) SURFACE & INTERMEDIATE CASING - Cement must circulate to surface -- 2) PRODUCTION CASING - Cement must tie back into intermediate casing --
pkautz	If cement does not circulate to surface, must run temperature survey or other log to determine top of cement
pkautz	Surface casing must be set 25' below top of Rustler Anhydrite in order to seal off protectable water
pkautz	1)- The Operator is to notify NMOCD by sundry (Form C-103) within ten (10) days of the well being spud 2)- Drilling Sundries Form C-103 (Casing and Cement test are to be submitted within 10 days 3)- Completion Reports & Logs are to be submitted within 45 days 4)- Deviation / Directional Drill Survey are to be filed with or prior to C-104
pkautz	It is the operator's responsibility to monitor cancellation dates of approved APDs. APD's are good for 2 years and may be extended for one year. Only one 1 year extension will be granted if submitted by C-103 before expiration date. After expiration date or after a 1 year extension must submit new APD.
pkautz	Stage Tool - 1) Must notify OCD Hobbs Office prior to running Stage Tool at 575-370-3186 2) If using Stage Tool on Surface casing, Stage Tool must be set greater than 350' from surface and a minimum of 200 feet above surface shoe. 3) When using a Stage Tool on Intermediate or Production Casing Stage must be a minimum of 50 feet below previous casing shoe.