

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-013-
Expires August 31, 1985

CBF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

| | | | | | | | | | | | | |
|--|--|---|--|--|---|---|--|------------------|---|--|------------------------------|-----------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | 2. NAME OF OPERATOR Kaiser-Francis Oil Company | 3. ADDRESS OF OPERATOR P. O. Box 21468, Tulsa, OK 74121-1468 | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FWL of Section 9 | 5. LEASE DESIGNATION AND SERIAL NO. NM-9550 | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME --- | 7. UNIT AGREEMENT NAME --- | 8. FARM OR LEASE NAME Bindel Fed. Com | 9. WELL NO. 1 | 10. FIELD AND POOL, OR WILDCAT Atoka | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S. Carlsbad (Morrow) | 12. COUNTY OR PARISH Eddy | 13. STATE NM |
| 14. PERMIT NO. - | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3146 GR 3161 RKB | | 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | | | | | | | | | |
| NOTICE OF INTENTION TO: | | | SUBSEQUENT REPORT OF: | | | | | | | | | |
| TEST WATER SHUT-OFF <input type="checkbox"/> | | | PULL OR ALTER CASING <input type="checkbox"/> | | | WATER SHUT-OFF <input type="checkbox"/> | | | REPAIRING WELL <input type="checkbox"/> | | | |
| FRACTURE TREAT <input type="checkbox"/> | | | MULTIPLE COMPLETION <input type="checkbox"/> | | | FRACTURE TREATMENT <input type="checkbox"/> | | | ALTERING CASING <input type="checkbox"/> | | | |
| SHOOT OR ACIDIZE <input type="checkbox"/> | | | ABANDON* <input type="checkbox"/> | | | SHOOTING OR ACIDIZING <input type="checkbox"/> | | | ABANDONMENT* <input type="checkbox"/> | | | |
| REPAIR WELL <input type="checkbox"/> | | | CHANGE PLANE <input type="checkbox"/> | | | (Other) Plug-back procedure <input checked="" type="checkbox"/> | | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | | | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.* | | | | | | | | | | | | |

Per a request from the New Mexico Oil Conservation Division,
please note the following:

1. The above well was recompleted on 7/13/86 into the Atoka formation.
2. The Morrow formation was plugged off by setting a CiBP @ 11,616' w/20' of cmt. on top.

Post ID-2
3-13-87
P&H Morrow

18. I hereby certify that the foregoing is true and correct.

SIGNED [Signature] TITLE Production Administrator DATE 3/5/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side