

NM Oil Cons. Commission
Drawer DD
Artesia, NM 88210

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

DEC 02 1993

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Kaiser-Francis Oil Company ✓

3. Address and Telephone No.
P. O. Box 21468, Tulsa, OK 74121-1468 913-491-4314

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FNL & 1980' FEL of Sec. 14-10S-29E

5. Lease Designation and Serial No.
NM-10273

6. If Indian, Allottee or Tribe Name
-

7. If Unit or CA, Agreement Designation
-

8. Well Name and No.
Bikar Federal #1

9. API Well No.
30-005-60588

10. Field and Pool, or Exploratory Area
Sand Ranch (Miss.)

11. County or Parish, State
Chaves, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Change of operator
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

Effective 7/1/93, Kaiser-Francis Oil Company took over operations of the above well from MGF Oil Corporation.

Be advised that Kaiser-Francis Oil Company is considered to be the operator on the above described lands and is responsible under the terms and conditions of the lease for the operations conducted on the leased lands or portions thereof. Bond coverage for this well is provided by Bond No. YPBNS1315279, Principal Kansas City Fire & Marine Insurance Company.

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

Signed Charlotte Van Valkenburg Title Technical Coordinator Date 10/20/93

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____

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