

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-03691
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. E-5894-1
7. Lease Name or Unit Agreement Name Kemuda Basin Unit (Prop. Code 2103)
8. Well No. 1
9. Pool name or Wildcat Nash Draw Brushy Canyon Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3020' GR

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'
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
BK Exploration Corp. (OGRID 2433)

3. Address of Operator
810 S. Cincinnati, #208 Tulsa, OK 74119

4. Well Location
Unit Letter **J** : **1980** Feet From The **South** Line and **1980** Feet From The **East** Line
Section **24** Township **23-S** Range **29-E** NMPM **Eddy** County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: see attached C-105 ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.
1. Killed well. ToH w/ tbg. and pk. By wireline, set 7" CIBP @ 12,100' over Strawn perms @ 12,193-196'. Capped w/ 35' cmt. Set 7" CIBP @ 10,985' over Wolfcamp perms (squeezed) @ 11,111-452'. Capped w/ 35' cmt.
 2. Perforated Bone Spring sand @ 7105-12', 12 holes. Acidized w/ 1000 g. Swab tested. Put on pump, tested 100% water. Set CIBP @ 7096'. Capped w/ 35' cmt.
 3. Perforated Delaware @ 6916-23'. See attached C-105 for further info.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE **Brad D. Burks** TITLE **VP - Operations** DATE **1-7-95**

TYPE OR PRINT NAME **BRAD D. BURKS** TELEPHONE NO. **918-9823863**

(This space for State Use)

APPROVED BY **ORIGINAL SIGNED BY TIM W. GUN** TITLE **SUPervisor** DATE **FEB 14 1995**

CONDITIONS OF APPROVAL, IF ANY: