

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

FEB - 5 '90

WELL API NO.

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

L-4325

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

Kaiser-Francis Oil Company

3. Address of Operator

P. O. Box 21468, Tulsa, OK 74121-1468

7. Lease Name or Unit Agreement Name

State L-4325

8. Well No.

1

9. Pool name or Wildcat

N. Black River (Atoka)

4. Well Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 2

Township 24S

Range 26E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3284.8 Gr.

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Install compressor ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

See attached proposal for installation and flowline schematic.

Work to commence 2/10/90.

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

SIGNATURE

C. Jan Valkenburg

TITLE

Technical Coordinator

DATE 1/31/90

TYPE OR PRINT NAME

Charlotte Van Valkenburg

918-494-0000

TELEPHONE NO.

(This space for State Use)

APPROVED BY

For Record Only

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 2 4 1990