

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

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

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O. C. D.  
APPROVED

5. Lease Designation and Serial No.  
91-014260 & NM-20360

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Willow Lake Unit #1

9. API Well No.

30-015-21499

10. Field and Pool, or Exploratory Area

Willow Lake (Atoka)

11. County or Parish, State

Eddy, NM

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

918-494-0000

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 1980' FWL of Sec. 22-24S-28E

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

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☒ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

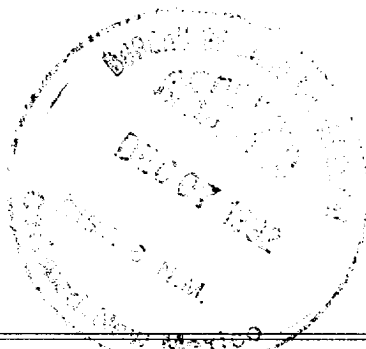
☐ Dispose Water

(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.)\*

1. Drill out Model D packer @ 11,485'.
2. Plugback above Atoka Sand by setting a CIBP @ 11,590' and dumping 35' cmt on top.
3. Set ShearLok packer on 2 3/8" tubing @ 11,370'.
4. Perf 1st Atoka Lime @ 11503-11512 and 3rd Atoka Lime @ 11410-11418 through tubing.
5. Acidize, swab and flow test.
6. Acid fracture treat. Test.

Approximate starting date: 1/15/93.



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

Signed

Title

Charlotte Van Valkenburg  
Technical Coordinator

Date

12/2/92

(This space for Federal or State office use)

Approved by

Title

ROBERT L. PRIGER

Date

12/30/92

Conditions of approval, if any: