

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

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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

4. Well Location

Unit Letter L : 1780 Feet From The South Line and 660 Feet From The West Line

Section 11

Township 24S

Range 28E

NMPM

Eddy

County

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

n/a

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: Atoka Workover ☒

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.

Please note the following procedure for our proposed workover:

1. MIRU WSU. TOOH w/2 1/16" tubing.
2. GIH thru 2 7/8" tubing w/strip gun. Reperf Atoka sand @ 11720'-11728'.
3. Perf Atoka Lime @ 11,528'-11,538'.
4. Acidize down 2 7/8" tubing w/6000 gal. acid w/N2 assist and bail sealers.
5. Flow back acid load.
6. Kill well. TIH w/ 2 1/16" tubing.
7. Swab and flow test.

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 6/6/91

TYPE OR PRINT NAME

Charlotte Van Valkenburg

918-491-4314

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

JUN 28 1991

CONDITIONS OF APPROVAL, IF ANY: