

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103 ^{C15F}
Revised 1-1-89 ^{DP}

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

MAR 5 '90

WELL API NO.

30-015-2352200

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 J : 2310 Feet From The South Line and 1650 Feet From The East Line

Section 28 Township 23S Range 28E NMPM Eddy County

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

3086 KB

7. Lease Name or Unit Agreement Name

Cavalier

8. Well No.

1

9. Pool name or Wildcat

Loving, N.

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Update on recompletion ☒

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.

Recompletion began 1/12/90.

1. Set CIBP @ 12,217' w/35' of cmt on top.
2. Set 25 sx cmt plug @ 11,340' and 25 sx cmt plug @ 9450'.
3. Perf'd Middle Bone Springs @ 7842'-65' and 7881'-94'.
4. Acidized w/3500 g. 15% NE FE.
5. Acid frac'd w/12,000 g. gelled acid 200 HT.

Shut in to build tank battery 2/4/90.
Began testing 2/14/90.

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 2/28/90

TYPE OR PRINT NAME Charlotte Van Valkenburg 918-494-0000 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 28 1990