Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 015-25257

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.)

7. Lease Name or Unit Agreement Name: Buckaroo

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

2. Name of Operator: Kaiser-Francis Oil Company

8. Well No. 1

3. Address of Operator: P. O. Box 21468, Tulsa, OK 74121-1468

9. Pool name or Wildcat: Culebra Bluff Bone Springs South

4. Well Location
Unit Letter O : 580 Feet From The South Line and 1710 Feet From The East Line

Section 28 Township 23S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3059 GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER: MIT test	☒			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.

This is to request approval to leave above well in a shut-in status.

Well will be MIT tested within 30 days.

* MIT requirements: 500# min. test PSI for 30 min. test period,

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

SIGNATURE C. Van Valkenburg TITLE Technical Coordinator DATE 9/28/00

TYPE OR PRINT NAME Charlotte Van Valkenburg TELEPHONE NO. 918-491-4314

(This space for State Use)

APPROVED BY Mike Stubblefield TITLE Field Rep. II DATE 11/3/2000

CONDITIONS OF APPROVAL, IF ANY: