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 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

<u>,</u>	
WELL API NO.	
n/a	
5. Indicate Type of Lease STATE XX	FEE 🗌

6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 E-6644-12 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL KX State OTHER 8. Well No. 2. Name of Operator Kaiser-Francis Oil Company 9. Pool name or Wildcat 3. Address of Operator P. O. Box 21468, Tulsa, OK 74121-1468 Bisti Lower Gallur Well Location 990 Line : 830 Feet From The North Feet From The Line and Unit Letter ... 9W San Juan 16 County Range **NMPM** Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6791 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT CHANGE PLANS COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: 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. The proposed procedure to P & A is as follows: Set CIBP @ 5325' w/35' cmt on top. 1. Set 10 sx cmt plug from 1880' - 1780' (across DV tool). Set 10 sx cmt plug from 280' - 180' (across base of surface pipe). 3. sx cmt surface plug. Cut off 4½" & 8 5/8" casing, weld on cap, and instal 5. Cmt was circulata No 4½" casing will be recovered. MAR 27 1989 DV tool @ 1832' to surface. OIL CON, DIV. Operations to begin approximately: 5/1/89.

I hereby certify that the information above is true, and complete to the best of my knowledge and belief. DATE 3/23/89 Technical Coordinator SIGNATURE : (918)TELEPHONE NO. 494-0000CharTotte Van Valkenburg TYPE OR PRINT NAME

(This space for State Use) Original Signed by CHARLES GHOLSON DEPUTY OIL & GAS INSPECTOR, DIST. #3

MAR 2 7 1989

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CONDITIONS OF APPROVAL, IF ANY: