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. n/a

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No. 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: State

1. Type of Well: OIL WELL [XX] GAS WELL [ ] OTHER

8. Well No. 1

2. Name of Operator: Kaiser-Francis Oil Company

9. Pool name or Wildcat: Bisti Lower Gallup

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

4. Well Location
Unit Letter D : 830 Feet From The North Line and 990 Feet From The West Line

Section 16 Township 24N Range 9W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6791 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	[X]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
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.

Plugging operations commenced 4/24/89.

1. MIRU. POOH w/tbg. & pkr.
2. Set CIBP @ 5325' w/35' cmt on top.
3. Circ hole w/9.5# mud.
4. Set 30 sx cmt plug @ 1880'-1500'.
5. Set 10 sx cmt plug @ 930'-830'.
6. Set 10 sx cmt plug @ 280'-180'.
7. Set 5 sx cmt plug @ Surface.
8. Cut off casing & weld on DH marker.

Plugging operations completed 4/25/89.

RECEIVED
JUN 26 1989
OIL CON. DIV
DIST. 3

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 6/22/89

TYPE OR PRINT NAME Charlotte Van Valkenburg TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by CHARLES GHOLSON TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE JUN 28 1989

CONDITIONS OF APPROVAL, IF ANY: