

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.	30-025-44021
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-5898
7. Lease Name or Unit Agreement Name	Bell Lake Unit South
8. Well Number	319H
9. OGRID Number	12361
10. Pool name or Wildcat	Bell Lake; Bone Spring, South
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3632' GR

SUNDY 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 : 2214 feet from the South line and 531 feet from the West line
Section 1 Township 24S Range 33E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3632' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Completion began 8/19/18 Completion finished 9/19/18

1. MIRU WL.
2. TCP'd first stage @ 19730'-19852'. Broke down perfs.
3. Stage-frac lateral 12375'-19852' in 42 stages w/447841 bbls fluid + 18781708# sand.
4. Drilled out plugs & cleaned out lateral to PBDT w/coiled tbg. Flowed well back.

Spud Date:

2/7/18

Rig Release Date:

3/1/18

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

SIGNATURE

Charlotte Van Valkenburg

TITLE: Mgr., Regulatory Compliance

DATE: 10-29-18

Type or print name: Charlotte Van Valkenburg E-mail address: Charlottv@kfoc.net

PHONE: 918-491-4314

For State Use Only

APPROVED BY:

Karen Sharp

TITLE

Staff Mgr

DATE

10-29-18

Conditions of Approval (if any):