

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

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.)		WELL API NO. 30-015-25658
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Kaiser-Francis Oil Company		6. State Oil & Gas Lease No. -
3. Address of Operator P. O. Box 21468, Tulsa, OK 74121-1468		7. Lease Name or Unit Agreement Name Fort 7 Com
4. Well Location Unit Letter .0 : 660 feet from the South line and 2310 feet from the East line Section 7 Township 24S Range 29E NMPM Eddy County		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2949 GR		9. OGRID Number 12361
10. Pool name or Wildcat Pierce Crossing (Bone Spring)		

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 checked="" 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: <input 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.

- Set CIBP @ 8829'. Load & test to 500#.
- Log cement on 7". Found TOC @ 3050'.
- Spotted 25 sxs cmt on CIBP. WOC & Tagged @ 8665'. Circ'd hole w/9.5 plugging mud.
- Spotted 90 sxs cmt from 6572' - 6035'.
- Spotted 45 sxs cmt from 5014' - 4745'.
- Perf'd @ 2700' - 2702'. Couldn't pump into @ 1000#.
- Spotted 25 sxs cmt @ 2752'. WOC & tagged @ 2656'. Obtained OCD approval to proceed.
- Perf'd @ 662'. Circ'd cmt down 7" and up 7" X 9 5/8" from 662' to surface.
- Cut off wellhead & welded on marker.

Starting date: 2/3/2020 Well P&A'd: 2/13/2020.

Spud Date:

Rig Release Date:

Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us

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 2-19-2020

Type or print name Charlotte Van Valkenburg E-mail address: Charlotv@kfoc.net PHONE: 918-491-4314
For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 11/4/2020
 Conditions of Approval (if any):