

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.	30-015-43995
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	-
7. Lease Name or Unit Agreement Name	Willow Lake WA 15
8. Well Number	001H
9. OGRID Number	12361
10. Pool name or Wildcat	Purple Sage Wolfcamp Gas Pool
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	2990 GR

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.)

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 : 1960 feet from the South line and 220 feet from the West line
 Section 14 Township 24S Range 28E NMPM Eddy County

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

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

- 3/7/18 20", 94#, J55 set @ 375' & cmt'd w/851 sxs. TOC @ surface.
- 3/13/18 13 3/8", 72#, L80 set @ 2735' & cmt'd w/ 2047 sxs. TOC @ Surface. Pressure tested to 500#.
- 3/21-3/22/18 9 5/8", 53.5#, P110 set @ 9088' & cmt'd w/989 sxs. TOC @ 5506'. Pressure tested to 1500#.
- 4/5-4/6/18 5 1/2", 20#, P110 set @ 14729' & cmt'd w/3149 sxs. TOC @ 9050'. Pressure tested to 9500#.

Spud Date: 3/6/18 Rig Release Date: 4/6/18

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 8/7/18
 Type or print name Charlotte Van Valkenburg E-mail address: Charlotv@kfoc.net PHONE: 918-491-4314
For State Use Only

APPROVED BY: Daniel TITLE Compliance Officer DATE 8-29-18
 Conditions of Approval (if any):