Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 Energy, Minerals and Natural Resources  Energy, Minerals and Natural Resources  OIL CONSERVATION DIVISION 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  SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Form C-103 Revised August 1, 2011  WELL API NO.  025-24771  5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.  E-9458  7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: Oil Well	North Bell Lake Unit 4  8. Well Number 15  9. OGRID Number 012361  10. Pool name or Wildcat
P. O. Box 21468, Tu1sa, OK 74121-1468  SWD: Delaware  4. Well Location  Unit Letter K : 1980 feet from the South line and 1980 feet from the West line Section 8 Township 23S Range 34E NMPM Lea County  11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3474 DF	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS   P AND A   DOWNHOLE COMMINGLE   CASING/CEMENT JOB	
OTHER: Conduct step-rate test & acidize   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.	
<ol> <li>MIRU pump truck with date recorder.</li> <li>Conduct step-rate test. Record rates &amp; pressures.</li> <li>Acidize Delaware perfs with approximately 10,000 g. a</li> <li>RDMO pump truck.</li> </ol>	cid. SEP 1 2 2013
Operations to begin 9/19/13.	RECEIVED
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE:  Type or print name Charlotte Van Valkenburg E-mail address: Charlotv@kfoc.net  PHONE: 918-491-4314  For State Use Only	
APPROVED BY: Accepted for Record Only TITLE	DATE