

DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

DISTRICT II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720

DISTRICT III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

*X*  
AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-44022	Pool Code 98135	Pool Name WG-025 G09 S243310P Upper Wolfcamp
Property Code 316706	Property Name BELL LAKE UNIT SOUTH	Well Number 419H
OGRID No. 12361	Operator Name KAISER-FRANCIS OIL COMPANY	Elevation 3631'

Surface Location

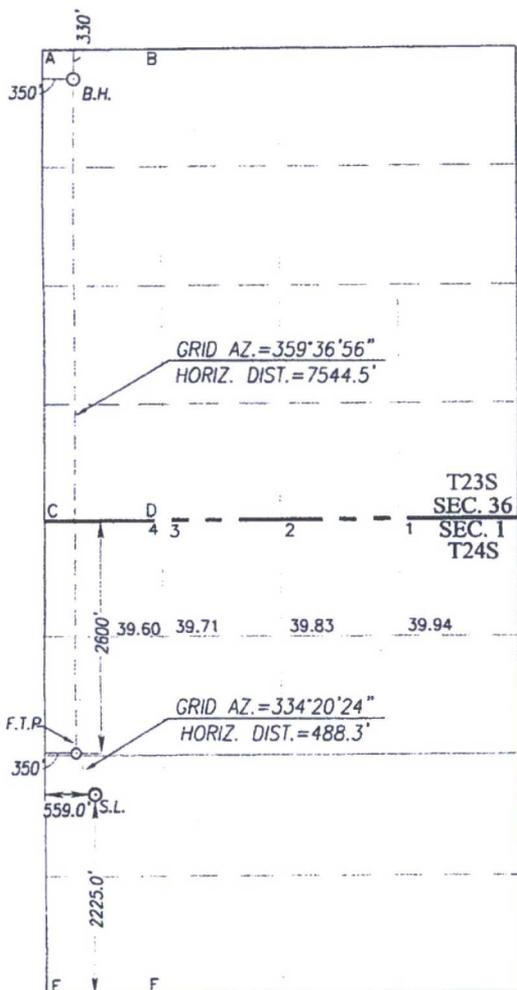
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	1	24-S	33-E		2225.0	SOUTH	559.0	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	36	23-S	33-E		330	NORTH	350	WEST	LEA

Dedicated Acres 160	Joint or Infill	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



SCALE: 1"=2000'

<b>BOTTOM HOLE LOCATION</b> NAD 83 NME Y= 461952.0 N X= 788568.4 E LAT.=32.267448" N LONG.=103.533464" W	<b>BOTTOM HOLE LOCATION</b> NAD 27 NME Y= 461892.8 N X= 747384.7 E LAT.=32.267324" N LONG.=103.532985" W
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CORNER COORDINATES TABLE

NAD 27 NME	
A - Y= 462219.8 N, X= 747032.5 E	
B - Y= 462230.8 N, X= 748351.1 E	
C - Y= 456947.4 N, X= 747071.8 E	
D - Y= 456955.5 N, X= 748391.2 E	
E - Y= 451683.5 N, X= 747099.7 E	
F - Y= 451688.5 N, X= 748422.0 E	

CORNER COORDINATES TABLE

NAD 83 NME	
A - Y= 462279.1 N, X= 788216.1 E	
B - Y= 462290.0 N, X= 789534.8 E	
C - Y= 457006.5 N, X= 788255.6 E	
D - Y= 457014.5 N, X= 789575.0 E	
E - Y= 451742.4 N, X= 788283.7 E	
F - Y= 451747.4 N, X= 789606.0 E	

<b>FIRST TAKE POINT</b> NAD 83 NME Y= 454409.1 N X= 788619.0 E LAT.=32.246714" N LONG.=103.533482" W	<b>FIRST TAKE POINT</b> NAD 27 NME Y= 454350.2 N X= 747435.1 E LAT.=32.246591" N LONG.=103.533004" W
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<b>GEODEIC COORDINATES</b> NAD 83 NME SURFACE LOCATION Y= 453969.1 N X= 788830.4 E LAT.=32.245501" N LONG.=103.532809" W	<b>GEODEIC COORDINATES</b> NAD 27 NME SURFACE LOCATION Y= 453910.1 N X= 747646.5 E LAT.=32.245377" N LONG.=103.532331" W
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OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Charlotte Van Valkenburg*  
Signature Date 1/4/18

Charlotte Van Valkenburg  
Printed Name

Charlotv@kfoc.net  
E-mail Address

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

NOVEMBER 2, 2017

Date of Survey  
Signature & Seal of Professional Surveyor



Certificate Number Gary G. Eidson 12641  
Ronald J. Eidson 3239

ACK REV.:1/04/18 REL. W.O.: 17110771 JWSC W.O.: 17.11.1059

Submit 1 Copy To Appropriate District Office  
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 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. 30-025-44020
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 219H
9. OGRID Number 12361
10. Pool name or Wildcat Bell Lake; Bone Spring, North
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3632' 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 : 2250 feet from the South line and 559 feet from the West line  
 Section 1 Township 24S Range 33E NMPM Lea County

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <u>Change SHL</u> <input checked="" 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.

Previous SHL: Unit Letter L 2250' FSL & 559' FWL of Sec. 1-24S-33E  
 New SHL: Unit Letter L 2202.9 FWL & 503.2 FWL of Sec. 1-24S-33E

Attachment: C-102

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 Charlotte Van Valkenburg TITLE Mgr., Regulatory Compliance DATE 1/4/18

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

**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 01/04/18  
 Conditions of Approval (if any):