

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

HOBBS OGD
MAR 09 2018
RECEIVED

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

WELL API NO. 30-025-24771	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. E-9458	
7. Lease Name or Unit Agreement Name North Bell Lake Unit 4	
8. Well Number 15	
9. OGRID Number 012361	
10. Pool name or Wildcat SWD; Delaware	
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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> SWD	
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 <u>K</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>8</u> Township <u>23S</u> Range <u>34E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3474 GR	

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 type="checkbox"/> OTHER: Inspected/Replaced tbg & pkr <input checked="" 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.

2/22/18 - 2/27/18

1. Flowed well back to tanks to reduce surf pressure. MIRU WOR. ND WH. NU BOP.
2. Released pkr & TOOH - laying down. Found connections to be corroded on the top 3 jts.
3. TIH w/ new 2 7/8" IPC tbg & new 2 7/8" x 7 5/8" AD-1 packer (externally nickel-coated & internally plastic-coated).
4. Loaded backside w/pkr fluid. Set pkr at same depth as before. ND BOP. NU WH w/string in tension.
5. Tested 2 7/8" x 7 5/8" annulus to 580# for 30 minutes without pressure loss. Charted test. Chart attached.
6. Obtained NMOCD approval & returned to injection.

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 3/6/18

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

For State Use Only
 APPROVED BY: Mary L Brown TITLE AO/II DATE 3/19/2018
 Conditions of Approval (if any):

MIDNIGHT

NOON



CHART NO. MC MP-1000

METER _____

CHART PUT ON _____

TAKEN OFF _____

LOCATION _____

REMARKS *Bell Lake 4-15, MET*

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