

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.	30-025-44020
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 South
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 **HOBBS OCD**

2. Name of Operator **Kaiser-Francis Oil Company** **SEP 26 2018**

3. Address of Operator **P. O. Box 21468, Tulsa, OK 74121** **RECEIVED**

4. Well Location
 Unit Letter **L** : **2202.9** feet from the **South** line and **503.2** 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

<p>NOTICE OF PERFORMANCE</p> <p>Rule 19.15.16.10 Minimum casing test pressure shall be approximately 1/3 of manufacturer's rated internal yield pressure except that the test pressure shall be less than 600# per square inch and need not be greater than 1500# per square inch. Test pressures shall be applied for a period of 30 minutes...</p> <p><input type="checkbox"/> ON <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>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"/></p> <p>OTHER: Casing Detail <input checked="" type="checkbox"/></p>
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... or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 1/12/18 13 3/8", 54.5#, J55 set @ 1312' & cmt'd w/1170 sxs. TOC @ surface. Pressure tested to 2184#.
- 1/15/18 9 5/8", 40#, P-110 set @ 5257' & cmt'd w/2145 sxs. TOC @ 2850'. Pressure tested to 1500#.
- 2/04/18 5 1/2", 20#, P-110 set @ 18909' & cmt'd w/2836 sxs. TOC @ 6530'. Pressure tested to 9000#.

Spud Date: 1/11/18 Rig Release Date: 2/5/18

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: **9/26/18**
 Type or print name: **Charlotte Van Valkenburg** -mail address: **Charlotv@kfoc.net** PHONE: **918-491-4314**
For State Use Only

APPROVED BY: *Accepted for Record* TITLE: _____ DATE: **9-27-18**
 Conditions of Approval (if any): _____