

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

RECEIVED  
 SEP 26 2018

WELL API NO.	30-025-44526
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-490
7. Lease Name or Unit Agreement Name	Bell Lake Unit South
8. Well Number	220H
9. OGRID Number	12361
10. Pool name or Wildcat	Bell Lake Bone Spring South
11. Elevation (Show with DR, RKB, RT, GR, etc.)	3630' 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 : 2233 feet from the South line and 583 feet from the West line  
 Section 1 Township 24S Range 33E NMPM Lea County

12. Check **PERM**  **TEMP**  **PULL**  **DOWN**  **CLOSE**  **OTHER**

**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...**

**COMPL**

Signature of Notice, Report or Other Data

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS  P AND A   
 CASING/CEMENT JOB

OTHER: **Casing Detail**

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.

- 4/15/18 13 3/8", 54.5#, J55 set @ 1332' & cmt'd w/1175 sxs. TOC @ surface. Pressure tested to 2184#.
- 4/18/18 9 5/8", 40#, P-110 set @ 5197' & cmt'd w/1590 sxs. TOC @ surface. Pressure tested to 1500#.
- 5/01/18 5 1/2", 20#, P-110 set @ 18901' & cmt'd w/3145 sxs. TOC @ surface. Pressure tested to 9500#.

Spud Date: 4/13/18 Rig Release Date: 5/2/18

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Charlotte Van Valkenburg* TITLE Reg., Regulatory Compliance DATE 9/26/18

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 TITLE \_\_\_\_\_ DATE 9-27-18

Conditions of Approval (if any): \_\_\_\_\_