

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  FEE

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

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 :2202.9 feet from the South line and 503.2 feet from the West line  
 Section 1 Township 24S Range 33E NMPM Lea County

NOV 13 2018  
 RECEIVED

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: <input type="checkbox"/>		OTHER: Completion <input checked="" 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.

Completion began 6/1/18 Completion finished 9/19/18

1. Ran CBL. Found TOC @ 6530'.
2. Bradenhead sqz'd 5 1/2" X 9 5/8" annulus w/600 sxs cmt 3 BPM @ 680#.
3. Re-ran CBL. New TOC @ 2850'. Good bonding across 9 5/8" shoe.
4. Pressure tested 5 1/2" casing to 9500# - held 30 min without loss.
5. TCP'd first stage @ 18690'-18812'. Broke down perms.
6. Stage-frac lateral 11336'-18812' in 42 stages w/126000 g. 15% HCL, 502197 bbis fluid, and 17789500# sand.
7. Drilled out plugs and cleaned out lateral to PBTD w/coiled tubing. Flowed back.

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 \_\_\_\_\_  
 Type or print name Charlotte Van Valkenburg E-mail address: Charlotv@kfoc.net PHONE: 918-491-4314  
 For State Use Only

APPROVED BY: Maley Brown TITLE AO/I DATE 11/13/2018  
 Conditions of Approval (if any): \_\_\_\_\_