

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. 03-025-44691
 Indicate Type of Lease
 STATE FEE
 6. State Oil & Gas Lease No. E-5999

HOBBS OCD
APR 12 2019
RECEIVED

Adrian

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 E : 2120 feet from the North line and 325 feet from the West line
 Section 1 Township 23S Range 33E NMPM Lea County

7. Lease Name or Unit Agreement Name
 Bell Lake Unit North

8. Well Number 301H

9. OGRID Number 12361

10. Pool name or Wildcat
 Ojo Chiso; Bone Spring, SW

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3518' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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: Casing detail <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.

- 8/10/18 13 3/8", 54.5#, J55 set @ 1297' & cmt'd w/1170 sxs. TOC @ surface. Pressure tested to 1500#.
- 8/25/18 9 5/8", 53#, L80 set @ 11632' & cmt'd w/1145 sxs. TOC @ 4991'. Pressure tested to 2600#. Set DV tool @ 4991' & cmt'd w/1550 sxs. TOC @ surface.
- 12/2/18 5 1/2", 20#, P110 set @ 19810' & cmt'd w/3215 sxs. TOC @ surface. Pressure tested to 10,000#.

Spud Date: 8/8/18 Rig Release Date: 12/3/18

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 4-11-19

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

APPROVED BY: *Karen Sharp* TITLE Staff Mgr DATE 4-30-19
 Conditions of Approval (if any):