

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

HOBS OCD  
 APR 25 2019  
 RECEIVED

WELL API NO. 30-025-44691	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. E-5999	
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	
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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
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>E</u> : <u>2120</u> feet from the <u>North</u> line and <u>325</u> feet from the <u>West</u> line Section <u>1</u> Township <u>23S</u> Range <u>33E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3518' GR	

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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: <u>Completion</u> <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.

Completion began 1/30/19 Completion finished 4/1/19

- MIRU WL.
- TCP'd first stage @ 19653'-19746'. Broke down perfs.
- Stage frac'd lateral 12148'-19746' in 43 stages w/435,600 bbls fluid + 21, 279,185# sd.
- Drilled out plugs and cleaned out lateral to PBSD w/coiled tbg. Flowed well back.

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

4/24/19

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

5-1-19

Conditions of Approval (if any):