

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
HOBBS OCD

| | |
|---|--------------|
| WELL API NO. | 30-025-45858 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> Fed | |
| 6. State Oil & Gas Lease No. | - |

AUG 26 2019

RECEIVED

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|---|---|
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO 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"/> | 7. Lease Name or Unit Agreement Name Bell Lake Unit South |
| 2. Name of Operator Kaiser-Francis Oil Company | 8. Well Number 112H |
| 3. Address of Operator P. O. Box 21468, Tulsa, OK 74121-1468 | 9. OGRID Number 12361 |
| 4. Well Location Unit Letter H : 2276 feet from the North line and 247 feet from the East line Section 6 Township 24S Range 34E NMPM Lea County | 10. Pool name or Wildcat Bell Lake; Bone Spring, South |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3597 GR | |

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

| | | | |
|--|--|--|--|
| NOTICE OF INTENTION TO: 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"/> | | SUBSEQUENT REPORT OF: 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: 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 7/1/19 Completion finished 7/31/19

- MIRU WL.
- TCP'd first stage @ 17908'-18030'. Broke down perms..
- Stage frac'd lateral 10425'-18030' in 43 stages w/425,032 bbls fluid + 18,060,470# sand.
- Drilled out plugs and cleaned out lateral to PBTD w/coiled tbg. Flowed well back.

Spud Date: 5/14/19 Rig Release Date: 6/3/19

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 8/23/19

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

APPROVED BY: *P. M. ...* TITLE L.M. DATE 9/17/2019

Conditions of Approval (if any):