

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|                                      |  |
|--------------------------------------|--|
| WELL API NO.                         | 025-08514  |
| 5. Indicate Type of Lease            | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.         | E-704  |
| 7. Lease Name or Unit Agreement Name | State '8'  |
| 8. Well Number                       | 6  |
| 9. OGRID Number                      | 012361   |
| 10. Pool name or Wildcat             | Townsend Permo (Upper Penn)  |

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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 N : 660 feet from the South line and 2210 feet from the West line  
Section 8 Township 16S Range 35E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4041 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
Could not repair casing /

OTHER: Added perms to Up. Penn ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. MIRU. POOH w/rods, pump, tbg & pkr.
2. GIH w/ RBP. Set @ 10270' w/10' sand on top.
3. Located casing leaks @ 5766-5799, 5920, 6050, 6173, & 6426. Could not pump into holes. Shot 4 sqz holes @ 5807'. RU on casing pressure to 1500# - could not pump into sqz.
4. Perf'd @ 10116' - 10236'.
5. Acidized w/ 2500 g. 15% NEFE.
6. Circ'd sand off RBP @ 10270'. Released RBP & POOH.
7. Ran 2 7/8" tbg & pkr to 10010'.
8. POP.
9. Tested: 10/24/06 3 BO, 22 BW, 8 MCF.

Operations began: 10/3/06  
Operations complete: 1016/06

*Run Breakhead test on this well!*  
*CLG*

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Charlotte Van Valkenburg TITLE Technical Coordinator DATE 11/22/06

Type or print name Charlotte Van Valkenburg E-mail address: Charlotv@KFOG.net Telephone No. 918-491-4314  
**For State Use Only**

APPROVED BY: Chris Williams TITLE DISTRICT SUPERVISOR/GENERAL MANAGER DATE FEB 23 2007  
Conditions of Approval (if any):