

DISTRICT I
P.O. Box 1980, Hobbs, NM 78240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>30-025-22334</u>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. OG-4755
7. Lease Name or Unit Agreement Name Murphy "A" State
8. Well No. 1
9. Pool name or Wildcat Inbe Permo Penn
10. Elevation (Show whether DF, RKB, RT, GR, etc.) n/a

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 <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>10S</u> Range <u>33E</u> NMPM <u>Lea</u> County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
FULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

12. 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.

- Set CIBP @ 9850' w/35 ft. cmt on top.
- TIH w/tbg. Load hole w/mud. 10 10 BRINE WITH 25 10 GEL/BARREL
- Spot 25 sx cmt plug @ 8500'.
- Shoot & pull 5 1/2" casing (est. @ 5000').
- Place 40 sx cmt plug 50' in & 50' out of top of 5 1/2" casing. TAG
- Spot 40 sx cmt plug from 4060'-3960'.
- Shoot & pull 8 5/8" casing (est. @ 1000'). 4 TUB PLUG 501X/5000' TAG
- Spot 75 sx cmt plug from 425'-325'.
- Spot 25 sx cmt surface plug.
- Weld on cap & install DH marker.

Estimated starting date is 12/15/89.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE C. Van Valkenburg TITLE Technical Coordinator DATE 11/6/89

TYPE OR PRINT NAME Charlotte Van Valkenburg 918-494-0000 TELEPHONE NO.

(This space for State Use)

Orig. Signed by Paul Kautz Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

NOV 9 1989

RECEIVED

NOV 8 1989

OCD
HOBBS OFFICE