

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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.

30-025-09873

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-566

7. Lease Name or Unit Agreement Name

Kelly State

8. Well No.

1

9. Pool name or Wildcat

South Denton (Wolfcamp) Devonian

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

Bristol Resources Corporation

3. Address of Operator

6655 S. Lewis, Suite 200, Tulsa, OK 74136

4. Well Location

Unit Letter P : 560 Feet From The South Line and 560 Feet From The East Line

Section 35

Township 15S

Range 37E

NMPM

Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3766 DF

11.

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ 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.

1. Cap packer @ 12,955' with 35' of cement.
2. Load hole with 9.0 PPG mud laden fluid.
3. Cut 7" casing at 7700' \pm or as determined free (top of cement @ 7790') and POOH.
4. Spot 100' plug (40 sx) at top of 7" casing.
5. Cut 9-5/8" casing at 2900' \pm (TOC) or as determined free and POOH.
6. Spot 100' plug (40 sx) at 2240' (top of salt section)
7. Spot 10 sx plug in top at surface with a dry hole marker installed.

8. 100' cement plug @ 2240' \pm 13 3/8" shoe 50' in & 50' out

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

SIGNATURE Dan R. Abney TITLE Operations Superintendent DATE 5/21/91

TYPE OR PRINT NAME

Dan R. Abney

TELEPHONE NO. (918) 492-7900

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 17 1991

REC-1

JUN 17 1997

CH
STONES