State of New Mexico
Ener.., Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.

5. Indicate Type of Lease   STATE ☒   FEE ☐

6. State Oil & Gas Lease No.   OG-866

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.)

7. Lease Name or Unit Agreement Name

N. E. Maljamar Unit

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

8. Well No.   1

2. Name of Operator
Kaiser-Francis Oil Company

9. Pool name or Wildcat
West Kemnitz (W.C.)

3. Address of Operator
P. O. Box 21468, Tulsa, OK 74121-1468

4. Well Location

Unit Letter ___I___ : __1980__ Feet From The _____South_____ Line and ~~600~~ 660 Feet From The _____East_____ Line

Section 31   Township 16S   Range 33E   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4235 Gr.

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.   Set CIBP @ 10380' w/35' cmt on top.
2.   TIH w/tbg. Load hole w/10# brine w/25# gel/bbl.
3.   Spot ~~20~~ 25 sx cmt plug @ 7900'. 25 sx
4.   Shoot & pull 4½" casing (est. @ 5000').
5.   Spot 40 sx cmt plug 50' in & 50' out of top of 4½" casing. Tag.
6.   Spot 40 sx cmt plug from 4380'-4480'.
7.   Spot 40 sx cmt plug from 345'-445'.
8.   Spot 25 sx cmt surface plug.
9.   Weld on cap & install DH marker.

Estimated starting date is 5/15/90.

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

SIGNATURE _____   TITLE Technical Coordinator   DATE 3/27/90

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

(This space for State Use)

MAR 30 1990

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: