State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office				
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO. 30-025-31249	
			5. Indicate Type o	f Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas LG-0030	
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
. Type of Well: OIL OAS WELL X OTHER			T.C.H. Ranch '6'	
2. Name of Operator Kaiser-Francis Oil Company			8. Well No.	
3. Address of Operator P. O. Box 21468, Tulsa, OK 74121-1468			9. Pool name or Wildcat Kemnitz (Canyon)	
4. Well Location Unit Letter X : 660	Feet From The South	Line and 6	60 Feet From	n The <u>East</u> Line
Section 6			NMPM	Lea County
	10. Elevation (Show whether		152' GR	
	Appropriate Box to Indicate	Nature of Notice, R	eport, or Other	r Data REPORT OF:
NOTICE OF INT	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS.	PLUG AND ABANDONMENT X
PULL OR ALTER CASING	CASING TEST AND C			
OTHER:		OTHER:		·
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent details,	and give pertinent dates, incli	ding estimated date	of starting any proposed
1. Set CIBP @ 11450' v 2. Mixed mud and circ' 3. Spotted 25 sxs cmt 4. Spotted 25 sxs cmt 5. Cut off 5½" casing 6. Spotted 45 sxs cmt 7. Spotted 45 sxs cmt 8. Spotted 60 sxs cmt 9. Spotted 60 sxs cmt 10. Spotted 45 sxs cmt 11. Spotted 10 sxs cmt 12. Installed dry hole	@ 9650'-9550'. @ 6000'-5900'. @ 5500'. TOOH & LD. @ 5550'. No tag. @ 5550'-5450'. Tagged @ 4550'. Tagged plug @ 2570'-2470'. @ 475'. Tagged plug @ 30' to surface. marker.	d plug @ 5435'. @ 4415'. @ 349'.		
Plugging operations beg. I hereby cardly that the information above is true	an 5/24/01 and complet	ed 5/31/01.		
I hereby certify that the information above in the signature	alkerlen	Tochnical (Coordinator	DATE
TYPE OR PRINT NAME Char otte	Van Valkenburg	918-49	1-4314	TELEPHONE NO.
(This space for State Use) APPROVED BY BULLY (9. Pruhu	COMPL!	ANCE OFFICE	R MAH

GWW

