

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.

30-025-31249

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-0030 & LG-3974

7. Lease Name or Unit Agreement Name

T.C.H. Ranch '6'

8. Well No.

1

9. Pool name or Wildcat

Wildcat (Canyon)

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 X : 660 Feet From The South Line and 660 Feet From The East Line

Section 6

Township 16S

Range 34E

NMIM

Lea

County

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

4152' 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: Perf'd & tested Canyon Sand ☒

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.

Work began 1/27/99

1. TOOH w/tbg & packer.
2. RU WL Unit. Set CIBP @ 11775' & dumped 2 sxs cmt on top (PBTD @ 11755').
3. Perf'd Canyon Sand @ 11482'-11488', 11495'-11508', 11512'-11514' w/2 JPSF (total 42 holes).
4. Swabbed down. TIH w/2 7/8" tbg & Arrow IX pkr. Set @ 11402'.
5. Acidized w/4500 g. 7 1/2% NEFE.
6. Swabbed & flow tested. Released pkr & POOH. Re-set 2 7/8" tbg @ 11586' & POP.
7. Tested @ 51 BO, 33 BW, 70 MCF (1/29/99).

Work completed 1/28/99

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

SIGNATURE

TYPE OR PRINT NAME

Charlotte Van Valkenburg

Technical Coordinator

DATE 5/7/99

918-491-4314

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

MAY 14 1999

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: