

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.	30-025-31249
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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	Hume - Atoka Gas
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
4152 Gr.	

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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>X</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>6</u> Township <u>16S</u> Range <u>34E</u> NMPM <u>Lea</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4152 Gr.	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Stimulate Atoka</u> <input checked="" type="checkbox"/>	

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.

4/15/92

Fracture treated down 2 7/8" tubing w/40,000 gals. 70 DHS Q Binary Westfoam + 17,500# 20/40 Westprod-1. Injection rate 12 BPM. Flowed back load.

No acid was used.

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 8/12/92
TYPE OR PRINT NAME Charlotte Van Valkenburg 918-491-4314 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 17 '92

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 17 1992

OGD HOBBS OFFICE