

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

| | |
|--|--|
| 1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No. NM - 14332 |
| 2. Name of Operator Kaiser-Francis Oil Company | 6. If Indian, Allottee or Tribe Name - |
| 3. Address and Telephone No. P. O. Box 21468, Tulsa, OK 74121-1468 918-491-4314 | 7. If Unit or CA, Agreement Designation - |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SE NE (1980' FNL & 660' FEL) of Sec. 6-22S-32E | 8. Well Name and No. Federal CK Com #1 |
| | 9. API Well No. 30-025-27473 |
| | 10. Field and Pool, or Exploratory Area Lea Undes (Atoka) |
| | 11. County or Parish, State Lea, NM |

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION | |
|---|---|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Report | <input checked="" type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment Notice | <input checked="" type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. MIRU WSU. ND WH. NU BOP.
2. Released packer @ 11227' & TOOH w/tbg & packer.
3. RU WL. Set 4 1/2" CIBP @ 14100' & dumped 25' cmt on top. Set 2nd CIBP @ 14000' & dumped 35' cmt on top.
4. Set packer @ 13577'. Perf'd Atoka @ 13630'-13636', 13638'-13640' & 13642'-13648' w/ 4 JSPF (56 holes).
5. No treatment.
6. Flow tested 4-pt back-pressure test 8/18/96: 0 BO, 0 BW, 2487 MCF, 6500# FTP.

Recompletion started 6/23/96

Recompletion finished 7/28/96

14. I hereby certify that the foregoing is true and correct

Signed W. Milton Drayton Title Operations Engr Date 8/29/96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: