State of New Mexico
Energy, 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.	30-025-08488

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
E-5896

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"
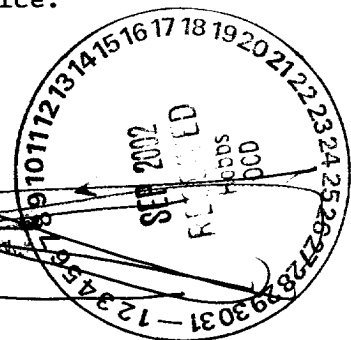(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Bell Lake State

1. Type of Well:
OIL WELL [ ]   GAS WELL [X]   OTHER

8. Well No.
1

2. Name of Operator
Kaiser-Francis Oil Company

9. Pool name or Wildcat
Bell Lake (Cherry Canyon)

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

4. Well Location
Unit Letter N : ~~660~~ 330 Feet From The South Line and ~~1940~~ 2970 Feet From The West Line

Section 31   Township 23S   Range 34E   NMPM   Lea   County

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

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 [X]   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: ~~Approval for TA status~~ [X]

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.

This is to request approval for above well to remain in a temporarily abandoned status.
Conoco's SWD services the Bell Lake Unit and is shut down for repairs. If well cannot
be repaired, the Bell Lake State #1 could be converted to SWD service.

This Approval of Temporary Abandonment Expires

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

SIGNATURE _____   TITLE Technical Coordinator   DATE 9/5/02

TYPE OR PRINT NAME Charlotte Van Valkenburg   918-491-4314   TELEPHONE NO.

(This space for State Use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY
GARY W. TRIBIK
OC FIELD REPRESENTATIVE II/STAFF MANAGER

SEP 1 1 2002