State of New Mexico Energy, Minerals and Natural Resources Department

Form C-1W Revised 1-1-89

strict Office				
OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-08491		
Same Fo New Maxico 87504-2088				
STRICT II Dirawer DD, Artesia, NM 88210			5. Indicate Type of Leare STATE X FEE	
TRICT III O Rio Brzzos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. E-5898-1	
SUNDRY NOTICE OO NOT USE THIS FORM FOR PROPC	S AND REPORTS ON WELL	S OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVO	IR. USE "APPLICATION FOR PER) FOR SUCH PROPOSALS.)	MIT*	7. Lease Name of Omt Agreement Name	
Type of Well: OIL OAS WELL WELL X	OTHER		Bell Lake Unit l	
Name of Operator			8. Well No.	
Kaiser-Francis Oil Compa	any		4	
Address of Operator	7/101 1/60		9. Pool name or Wildcat Bell Lake Morrow, South	
P. O. Box 21468, Tulsa,	OK /4121-1468		Bell Lake Hollow, South	
Well Location Unit Letter F :1980	Feet From The North	Line and 19	180 Feet From The West	
Section 6	Township 24S Ran	ge 34E	NMTM Lea Coun	
	10. Elevation (Show whether I	3	3615 DF	
Check Ap NOTICE OF INTE	propriate Box to Indicate N	Vature of Notice, F SUF	Report, or Other Data BSEQUENT REPORT OF:	
r1	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
FORM REMEDIAL WORK	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMEN	
IPORARILY ABANDON	011/11/02 / B 11/0	CASING TEST AND C	r1	
L OR ALTER CASING		CASING TEST AND C	EMENT OF C	
HER: Add'l perfs in Morro	w formation x	OTHER:		
Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent details, an	d give pertinent dates, inci	luding estimated date of starting any proposed	
1. TOOH w/tbg & packer	•			
2. RU WL & set cmt ret	ainer @ 13220'.			
3 TIH $\omega/2$ 7/8" the &	stinger. Sting into	retainer.		
4. Pump 100 sxs cmt th	ru retainer. POO ret	ainer & dump 2	sxs cmt on top.	
5. TOH w/tbg & stinger	cker & 2 7/8" tbg. S	at nacker @ 130	0501.	
6. TIH w/Arrow MX-1 pa	sand @ 13110'-13190'	o.a. using a	2 1/8" strip gun.	
7. RU WL. Perf Morrow 8. Flow test.	Sand e 13110 13130	0.00	,	
hereby certify that the information above is twe-	nd complete to the best of my knowledge and	i belid.		
(1)	alle a lan-	ne Technical C	oordinator PATE 11/5/99	
IONATURE W	THE THE THE			
THE OR FRINT NAME Charlotte	an Valkenburg	918	–491–4314 телеткие no.	
This space for State Use)		# .		
			DATE	
AITROYED BY	π	TI.E	Dole	
CONTITIONS OF ATTROVAL, IF ANY:			,	