Submit 3 Copies to Appropriate District Office

State of New Mexico inerals and Natural Resources Department Energy

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

P.O. Box 2006	30-025-08491	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE XX FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. E-5898-1	
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	
1. Type of Well: OIL OAS WELL X OTHER	Bell Lake Unit l	
2. Name of Operator	8. Well No.	
Kaiser-Francis Oil Company	4	
3. Address of Operator	9. Pool name or Wildcat Bell Lake Atoka So. (Gas)	
P. O. Box 21468, Tulsa, OK 74121-1468	Dell Lake Atoka 50. (Gas)	
4. Well Location Unit Letter $F: 1980$ Feet From The North Line and 1	_	
Section 6 Township 24S Range 34E	NMPM Lea County	
\/////////////////////////////////////	<u> </u>	
Check Appropriate Box to Indicate Nature of Notice, F	Report, or Other Data	
NOTICE OF INTENTION TO:	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON XX CHANGE PLANS COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND C	EMENT JOB	
OTHER: and run MIT X OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inc. work) SEE RULE 1103.	luding estimated date of starting any proposed	
This is to request approval to temporarily abandon the about or run a mechanical integrity test on 11/16/92. Results of under separate cover.	ove well. It is our intention of such test will be submitted	

I berely certify the left information above is true and complete to the best of my knowledge and believe			
I hereby certify the type information above is true and complete to the best of my knowledge and belief	Technical Coordinator	DATE 11/5/92	
TYPE OR PRINT NAME: Charlotte Van Valkenburg	918-491-4314	TELEPHONE NO.	
(This space for State Use)			

APTROVED BY -

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPSRVISOR

_ TMLE -

NOV 09'92

- DATE -

CONDITIONS OF AFTROVAL, IF ANY: