

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-23608
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-158
7. Lease Name or Unit Agreement Name	
Texaco State	
8. Well No.	1
9. Pool name or Wildcat	Teague (Blinbry)
Paddock	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
n/a	

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 P : 330 Feet From The South Line and 660 Feet From The East Line Section 16 Township 23S Range 37E NMPM Lea County
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11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Added perms to same zone <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.

1. RU WSU. TOOH w/rods, pump & tbg.
2. RU WL. Set CIBP @ 5345' & dumped 15' cmt on top.
3. Perf'd @ 5164'-5173', 5188'-5196', 5204'-5213', & 5213'-5218' (1 JPSF).
4. Acidized 5164'-5218' w/1500 g. 15% NEFE.
5. Swabbed back load.
6. Frac'd w/25119 g. Delta frac + 44780#.16/30 sand.
7. Cleaned out sand.
8. TIH w/tbg, pump & rods.
9. Pump tested @ 10 BO, 210 BW, gas TSTM (24 hrs.).

Operations began 1/19/00
Operations complete 2/4/00

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

SIGNATURE Charlotte Van Valkenburg TITLE Technical Coordinator DATE 4/24/00

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 4/20/00

CONDITIONS OF APPROVAL, IF ANY:

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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(FORM C-101) FOR SUCH PROPOSALS.)

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4. Well Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>23S</u> Range <u>37E</u> NMPM <u>Lea</u> County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
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PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Add perms to same zone <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

1. RU WSU. TOOH w/rods, pump & tbg.
2. RU WL. Set CIBP @ 5345'.
3. Perf @ 5164'-73', 5188'-96', 5204'-13', & 5213'-18' w/4" HSC (1 JSPF).
4. Acidize 5164'-5218' w/1500 g. 15% acid.
5. Swab back load.
6. Frac w/31000 g. GW & 75000# 16/20 sand.
7. Clean out sand.
8. TIH w/tbg.
9. Swab & flow test.

Operations to begin approximately 1/10/2000.

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

SIGNATURE C. Jan Valkenburg TITLE Technical Coordinator DATE 12/7/99
TYPE OR PRINT NAME Charlotte Van Valkenburg 918-491-4314 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: