

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

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 | 7. If Unit or CA, Agreement Designation - |
| 2. Name of Operator Kaiser-Francis Oil Company | 8. Well Name and No. Red Hills Federal #1 |
| 3. Address and Telephone No. P. O. Box 21468, Tulsa, OK 74121-1468 918-491-4314 | 9. API Well No. 30-025-25049 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 660' FEL of Sec. 6-26S-33E | 10. Field and Pool, or Exploratory Area Red Hills (Penn) |
| | 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 checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input type="checkbox"/> Other <u>Approval to TA</u> |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <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.)*

(Atoka)
This is to request approval to temporarily abandon the lower zone of the above well.
This well is a dual completion.

(Per letter dated 2/1/94 from Richard L. Manus)

RECEIVED
FEB 22 2 41 PM '94
BUREAU OF LAND MANAGEMENT

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

Signed Charlotte Van Valkenburg Title Technical Coordinator Date 2/14/94

(This space for Federal or State office use)

Approved by (Signature) Title (Signature) Date 3/9/94

Conditions of approval, if any: