

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
reverse side)

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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM-15321

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
-

8. FARM OR LEASE NAME
Red Hills Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Red Hills (Wolfcamp)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
6-26S-33E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Kaiser-Francis Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 21468, Tulsa, OK 74121-1468

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

660' FNL & 660' FEL of Sec. 6

14. PERMIT NO.
-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3347 Gr. 3372 Rkb

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

17. 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.)*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Proposed procedure is as follows:

1. Acid frac Wolfcamp perfs @ 13431'-13653' w/20,000 g. 60% quality CO2 foamed acid @ 6 BPM down tbg.
2. Flow back load.

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

SIGNED C. Van Valkenburg TITLE Technical Coordinator

(This space for Federal or State office use)

DATE 12/20/88

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 1-4-89

*See Instructions on Reverse Side