Form 3160-5 (August 1999)

## UNITE STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

N.M. UI Cons.	DMB No. 1004-0135 poi Pyovember 30, 2000
1625 N.S. Lease School N.M. Le	3220 963798

SUNDRY NOTICES AND REPORTS ON WE Do not use this form for proposals to drill or to re abandoned well. Use Form 3160-3 (APD) for such pa		ORTS ON WELLS	ELLS Hobb		NMIL 863798		
		o drill or to re-enter	W17		If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side					7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well				1	-		
Oil Well A Gas Well	Other			. 1	Name and No.		
2. Name of Operator	1 0				Bell Lake Unit #19 9. API Well No.		
Kaiser-Francis Oil Company  3a. Address  3b. Phone No. (include area code)					025-262 <u>57</u>		
3a. Address P. O. Box 21468, Tulsa, OK 74121-1468 918-491-4314					10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				-	S. Bell Lake Morrow (Gas)		
					ty or Parish, State		
NW NE (660' FNL &	1980' FEL) of Se	c. 12-24S-33E		Lea	a/NM		
12. CHECK AP	PROPRIATE BOX(ES)	TO INDICATE NATU	RE OF NOTICE, R	EPORT, C	OR OTHER DATA		
TYPE OF SUBMISSION		TY	PE OF ACTION				
	Acidize	☐ Deepen	Production (Star	t/Resume)	☐ Water Shut-Off		
☐ Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity		
Subsequent Report	Casing Repair	■ New Construction	☐ Recomplete		Other		
Sabsequent Report	Change Plans	Plug and Abandon	Temporarily Al	oandon			
Final Abandonment Notice	Convert to Injection	Plug Back	■ Water Disposal				
a successful MIT	was run 11/29/00.	TA Approved	For <u>/2</u> Mo	nth Perio	d -		
						<del></del>	
<ol> <li>I hereby certify that the foregoin Name (Printed/Typed)</li> </ol>	ng is true and correct	1					
Charlotte Van Yal	kenburg	Title '	Technical Coo	rdinato	r		
Signature C.	~ Jacker	Date Date	1/5/01				
	THIS SPACE	FOR FEDERAL OR S	TATE OFFICE US			····	
Approved by OR	10.560.) Jok G. I	PI 20 PUL	ide <b>Petroleum</b> E	neineer	Date 1/2/1/2001		
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to	attached. Approval of this no	tice does not warrant or	Office CFO				

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

GWW

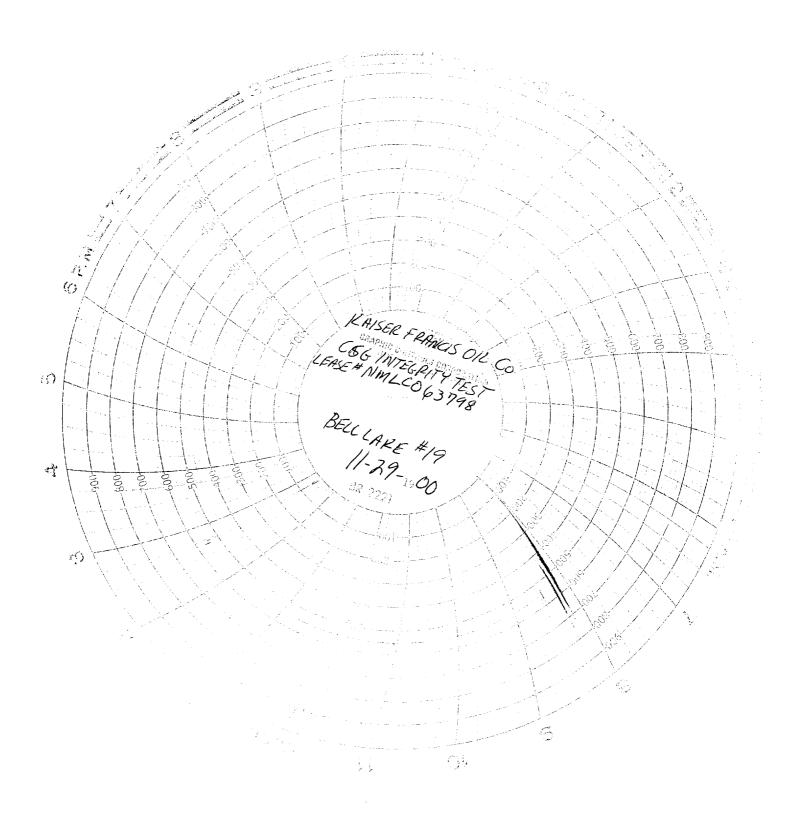
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Form 3160-5 (August 1999)

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## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

## 5. Lease Serial No.

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS			NMLC	NMLC063798		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indi	an, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side			7. If Unit	t or CA/Agreement, Name and/or No.		
1. Type of Well					_	
Oil Well Gas Well	Other			8. Well !	Name and No.	
2. Name of Operator				Bell L	Bell Lake Unit #19	
Kaiser-Francis Oil Company				9. API Well No.		
3a. Address		3b. Phone No. (i.	nclude area code)	30-	025-26257	
P. O. Box 21468, Tulsa, OK 74121-1468 918-491-4314			10. Field :	10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				S. Bell Lake Morrow (Gas)		
NW NE (660' FNL & 1980' FEL) of Sec. 12-24S-33E				11. Count	y or Parish, State  Lea/NM	
12. CHECK AF	PROPRIATE BOX(ES) T	O INDICATE NA	TURE OF NOTICE	E, REPORT, C		
TYPE OF SUBMISSION			TYPE OF ACTION			
	Acidize	Deepen	Production (	Start/Resume)	☐ Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		☐ Well Integrity	
Subsequent Report	Casing Repair	New Construct	ion 🔲 Recomplete		Other	
	Change Plans	Plug and Abane	don 🗵 Temporarily	Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back	■ Water Dispo	sal		
zone (in which we  Due to some possil  anticipated. The	g held in a TA'd s have had success ole offset activit refore, we are req evaluation purpose	in that area y, we have b uesting appr	een unable to	complete	our evaluation as	
		•				
					<u> </u>	
14. I hereby certify that the foregoin Name (Printed/Typed)	ng is true and correct	<u> </u>			<del>ان کا </del>	
Charlotte Van Vall	kenburg	Titl	• Technical	Coordina <b>t</b>	or —	
Signature C. Jan	alkent	Day Da	e 10/12/00		٠	
	THIS SPACE	FOR FEDERAL C	R STATE OFFICE U	ISE		
Approved by	o con lora u		Title	Testroop	Date 10/31/2000	
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to	al or equitable title to those righ			)		
Title 18 U.S.C. Section 1001 and Ti States any false, fictitious or fraudule	itle 43 U.S.C. Section 1212, makent statements or representations	e it a crime for any pe as to any matter withi	rson knowingly and willf n its jurisdiction.	ully to make to a	ny department or agency of the United	

