

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-025-34307

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-5898

7. Lease Name or Unit Agreement Name

Bell Lake

8. Well No.
20

9. Pool name or Wildcat
Wildcat (Delaware Brushy Canyon)

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 ☒ GAS WELL ☐ OTHER

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 G : 1650 Feet From The North Line and 1980 Feet From The East Line

Section 6 Township 24S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3606 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Recompletion-attachment to C-105 ☒

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.

5/4/00 Perf'd Delaware Brushy Canyon @ 8298', 8303', 8306', 8310'-8320' & 8327'-8334'
(1 SPF - 22 holes).

5/5/00 Acidized w/1500 g. 7½% NEFE.

5/11/00 Frac'd w/27720 g. 25# Delta Frac + 2037 g. linear gel + 66400# 20/40 Ottawa sand.

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 9/14/00
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:

