Submit 3 Copies to Appropriate District Office

APPROVED BY --

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico nerals and Natural Resources Department Energy,

OH CONCEDUATION DIVISION

rorm C	-100
Revised	1-1-89

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO.
DISTRICT II Santa Fe. New Mexico 87504-	2088
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease  STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. E-5898
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	G BACK TO A  7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL OTHER	Bell Lake
2. Name of Operator	8. Well No.
Kaiser-Francis Oil Company  3. Address of Operator	9. Pool name or Wildcat
P. O. Box 21468, Tulsa, OK 74121-1468	Wildcat (Delaware Brushy Ganyon)
Unit Letter G _ :1650 _ Feet From The North 1	ine and 1980 Feet From The East Line
Section 6 Township 24S Range	34E NMPM Lea County
10. Elevation (Show whether DF, RKB)	
11. Check Appropriate Box to Indicate Nature	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REME	DIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMM	ENCE DRILLING OPNS. PLUG AND ABANDONMENT
	G TEST AND CEMENT JOB
OTHER: OTHER	Recompletion-attachment to C-105 x
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pework) SEE RULE 1103.	rtinent dates, including estimated date of starting any proposed
4/20/00 Ran cement retainer to 11953'. Pumped 50 @ 12522'-12534'. Dumped 12' cmt on top of	sxs cmt through retainer & squeezed perfs retainer.
4/21/00- Perf'd Bone Springs @ 8673'-8796' o.a. (1 5/2/00 NEFE. Frac'd w/10,200 g. 20% SGA-HCL + 50	SPF - 18 holes). Acidized w/1500 g. 15% 00 g. 20# Waterfrac-G + 2313 g. 2% KCL wtr.
5/3/00 Set CIBP @ 8600' w/3 sxs cmt on top. PBTD	8585'.
I hereby certify that the information above is true and somplete to the best of my/knowledge and belief.	/ /
	chnical Coordinator DATE 8/28/00
TYPEOR PRINT NAME Charlotte Van Valkenburg	918-491-4314 TELEPHONE NO.
(This space for State Use)	
(Time symmetric State Conty	The second of th