

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

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.)

7. Lease Name or Unit Agreement Name

Bell Lake

8. Well No.  
20

9. Pool name or Wildcat  
Bell Lake South (Atoka)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER Dry

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: Casing detail ☒

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.

Spud date: 4/22/98.

4/23/98 Ran 13 3/8", 48#, H-40 casing. Set @ 651' w/450 sxs cmt. Circ'd cmt to surface.  
18 1/2 hrs WOC.

5/1/98 Ran 9 5/8", 40#, N-80 casing. Set @ 5195' w/1550 sxs cmt. Circ'd cmt to surface.  
21 hrs WOC.

5/25/98 Ran 7", 26#, P-110 casing. Set @ 12150' w/1075 sxs cmt. TOC @ 3960'. 28 1/2 hrs WOC.

6/11/98 Ran 4 1/2", 15.1#, P-110 liner. Set @ 11978'-13366' w/175 sxs cmt. TOC @ 11978'.  
19 hrs WOC.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Charlotte Van Valkenburg TITLE Technical Coordinator DATE 5/22/00  
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: