

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

LC-030168 A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Eaved A #1

9. API Well No.

30-025-12007

10. Field and Pool, or Exploratory Area

Scarborough, Yates-7 Rivers

11. County or Parish, State

Lea, New Mexico

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

ELK ENERGY CORPORATION

3. Address and Telephone No.

Box 3240 Midland, Tx 79702 915-561-8939

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

330' FSL # 2310 FEL - Unit Letter O
Section 19, Township 26S # Range 37E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

Notice of Intent
 Subsequent Report
 Final Abandonment Notice

TYPE OF ACTION

Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other
 Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection

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

13. 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.)*

Took required downhole casing integrity test.

a. Test csg with 530# for 30# & held okay - see attached chart

Request T.A. status for well.

RECEIVED
JUL 3 10 49 AM '90
OIL & GAS
AREA

APPROVED FOR 12 MONTH PERIOD

ENDING 6/30/91

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

Signed *Don Parkhurst*

Title *Operations Manager*

Date *7-2-90*

(This space for Federal or State office use)

Approved by _____

Title _____

Date *7-9-90*

Conditions of approval, if any: