Submit 3 Copies to Appropriate District Office

State of New Mexico Energy inerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

WELL API NO.

P.O. Box 2	30-025-29003	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico	5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON W	ELLS ///////////////////////////////////	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPE DIFFERENT RESERVOIR. USE "APPLICATION FOR P (FORM C-101) FOR SUCH PROPOSALS.)		
1. Type of Well: OIL GAS WELL Y WELL OTHER	Gambi	
2. Name of Operator ELK OIL COMPANY	8. Well No. 1	
3. Address of Operator	9. Pool name or Wildcat	
Post Office Box 310, Roswell, New Mexico 88202	-0310 Cline-Drinkard-Abo	
4. Well Location	•	
Unit Letter E: 1980 Feet From The North	Line and 660 Feet From The West Line	
	Range 37 East NMPM Lea County	
10. Elevation (Show whether 3272 GR	r DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate	Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF	
PERFORM REMEDIAL WORK PLUG AND ABANDON X	REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB	
OTHER:	OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, work) SEE RULE 1103. Intent to plus	and give pertinent dates, including estimated date of starting any proposed	

- intent to plug and abandon as follows:
 - Set Cast Iron Bridge Plug at 6500' with 35' of cement on top. Set 100' at 2674', base of 85/8'' casing. (1)
 - (2)
 - (3) Set 100' at surface.
 - Install 4'X4' dry hole marker.

Level and clean location.

NOTE: All casing strings circulated to surface, no recovery.

100 @ 1200

I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	mæ President	DATE9/27/91	
TYPE OR PRINT NAME JOSEPH J. Kelly		TELEPHONE NO. 505-623-3190	
(This space for State Use)			
APPROVED BY	_ тие	_ DATE	