

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRIPlicate\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</small>		5. LEASE DESIGNATION AND SERIAL NO. <b>NM-2244</b>
1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <b>ELK OIL COMPANY</b>		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <b>Post Office Box 310, Roswell, New Mexico 88201</b>		8. FARM OR LEASE NAME <b>Phillips Federal</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b>  <b>1980' FSL &amp; 1980' FEL</b>		9. WELL NO. <b>1</b>
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <b>Wildcat - Undesignated</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3322 GR</b>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 12-23S-37E</b>
		12. COUNTY OR PARISH <b>Lea</b> 13. STATE <b>NM</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Casing</u>	
(Other)		<small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>	

17. 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.)\*

**12/04/85:**  
 Drilled 12 1/4" hole to 2,704'. Ran 2,704' of 8 5/8", 32#, J-55 Casing. Cemented w/ 700 sxs Halliburton Lite w/ 10# salt. Tailed by 200 sxs Class C w/ 2% CaCl<sub>2</sub>. Plug down @ 11:30 a.m., circulated 25 sxs. WOC 18 hrs. Tested to 1000# for 30 minutes, test okay.

*Handwritten Signature*  
**DEC 21 1985**

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

SIGNED *[Signature]* TITLE President DATE 12/13/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: