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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
L-3879

SUNDY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT WITH (FORM C-101) FOR SUCH PROPOSALS.)	
1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator Elk Oil Company	8. Form or Lease Name Anderson State
3. Address of Operator P. O. Box 510, Roswell, New Mexico 87201	9. Well No. 1
4. Location of Well UNIT LETTER <u>E</u> , <u>1000</u> FEET FROM THE <u>NORTH</u> LINE AND <u>0</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>14S</u> RANGE <u>04E</u> NMPM.	10. Field and Pool, or Wildcat North Morton Permo-Penn
15. Elevation (Show whether DF, KT, GR, etc.) 7500	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER ☐	PLUG AND ABANDON ☐ CHANGE PLANS ☐ OTHER ☐
REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOBS ☐ OTHER ☐	ALTERING CASING ☐ PLUG AND ABANDONMENT ☐ TESTING ☒

17. 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.

On November 1, 1977, a 1000' x 1000' oil well was drilled. Fluid approximately 15 cfs. was produced. On February 10, 1977, squeezed perforations were made. Perforations were made at 1000' and 1100' depths. Located 1000' from surface. Perforations were made at 1000' and 1100' depths. Perforations were made at 1000' and 1100' depths.

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

SIGNED <u>Jerry Sexton</u>	TITLE <u>President</u>	DATE <u>3/23/77</u>
Orig. Signed by Jerry Sexton Dist 1, Supv.	TITLE _____	DATE <u>3/23/77</u>
APPROVED BY _____	TITLE _____	DATE _____

CONDITIONS OF APPROVAL, IF ANY: