

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|   |
|---|
| WELL API NO.<br><b>30-005-63744</b>   |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br><b>VA-2011</b>  |
| 7. Lease Name or Unit Agreement Name<br><b>Z-28 State Unit</b>                                      |
| 8. Well Number <b>3</b>   |
| 9. OGRID Number<br><b>7147</b>  |
| 10. Pool name or Wildcat<br><b>Comanche Spring Pre-Permian</b>                                      |

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.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator  
**ELK OIL COMPANY**

3. Address of Operator  
**Post Office Box 310, Roswell, New Mexico 88202-0310**

4. Well Location  
Unit Letter **E** : **1650** feet from the **North** line and **660** feet from the **West** line  
Section **24** Township **10S** Range **26E** NMPM **Chaves** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3721' GR**

Pit or Below-grade Tank Application ☐ or Closure ☐  
Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_  
Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls: Construction Material \_\_\_\_\_

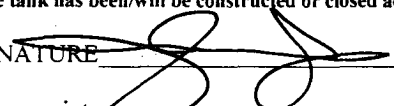
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO:                        |   | SUBSEQUENT REPORT OF:                                 |  |
|--|---|---|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>      | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input checked="" type="checkbox"/> |  |
| OTHER: <input type="checkbox"/>                |   | OTHER: <input type="checkbox"/>                       |  |

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spud well on April 2, 2005. Drilled 14 3/4" hole to 395'. Ran 13 Joints (394') of 11 3/4" 42#, H-40 Casing. Cemented with 300 sxs Premium Plus with 2% CaCl<sub>2</sub>, 14.8 lbs/gal, 1.345 yield. Plug down at 2:30 A.M. on 04/03/05. Circulated 25 sxs. WOC 18 hours, tested to 1000# for 30 minutes, test okay. Resume drilling a 11" hole. Drilled hole to 1175'. Ran 29 Joints (1177') of 8 5/8", 24# J-55 Casing. Cemented with 175 sxs Interfill & 2.449 yield, 11.9 lbs/gal. Tailed by 200 sxs Premium Plus with 2% CaCl<sub>2</sub>, 14.8 lbs/gal, 1.345 yield. Did not circulate. Plug down at 12:00 Midnight. WOC and run temp survey. Top of cement is at 200'. Run 200' 3/4" pipe, mix and pump 75 sxs Premium Plus with 2% CaCl<sub>2</sub>. Circulated 15 sxs. WOC 18 hours. Tested to 1000# for 30 minutes, test okay. Resume drilling a 7 7/8" hole.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE  TITLE **President** DATE **4/6/05**  
Type or print name **Joseph J. Kelly** E-mail address: **elkoil@pvt.net** Telephone No. **(505)623-3190**  
For State Use Only

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE **APR 18 2005**  
Conditions of Approval (if any): **FOR RECORDS ONLY**