

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  
June 19, 2008

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

WELL API NO.  
30-015-21565  
5. Indicate Type of Lease  
STATE ☒ FEE ☐  
6. State Oil & Gas Lease No.  
L-6519  
7. Lease Name or Unit Agreement Name  
Elk  
8. Well Number  
1  
9. OGRID Number  
10. Pool name or Wildcat

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  
Clarence L. Forister  
3. Address of Operator  
P O Box 1567, Hope, NM 88250-1567  
4. Well Location  
Unit Letter L : 2310 feet from the South line and 660 feet from the West line  
Section 32 Township 18S Range 30E NMPM County  
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3404 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☒  
CASING/CEMENT JOB ☐

OTHER ☐

OTHER ☐

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.

Plugged well as follows: 25 sacks Plug @2496'  
25 sacks Plug @1525' to 1160'  
25 sacks Plug @ 600' to 201'  
10 sacks Plug @ 85' to surface  
Cut off well head - installed dryhole marker. Cut off anchors

Spud Date:

12/24/08

Rig Release Date:

12/30/08

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

SIGNATURE Clarence L. Forister TITLE Owner DATE 1/31/09

Type or print name Clarence L. Forister E-mail address:  PHONE: 575-484-3112

For State Use Only

Accepted for record

APPROVED BY: NMOCD TITLE

Conditions of Approval (if any):

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt  
of C-103 (Subsequent Report of Well Plugging)  
which may be found at OCD Web Page under  
Forms, www.emnrd.state.nm.us/oed.

DATE 1/9/09