Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

GSF Oper.

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-005-62560

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
LG-4913

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.)

7. Lease Name or Unit Agreement Name
RUNYAN STATE UNIT

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

8. Well No.
1

2. Name of Operator
ELK OIL COMPANY

9. Pool name or Wildcat
UND. SOUTH PALMA MESA PENN

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

4. Well Location
Unit Letter N : 1980 Feet From The West Line and 660 Feet From The South Line

Section 28 Township 8 South Range 27 East NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3892' GR

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 [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [X]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: [ ]	

12. 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.

11-11-96 SET CIBP @ 6250' spot 25 sxs cement on top
11-12-96 SPOT 45 sxs @ 3150'-3028' tagged PULLED 3100' of 5 ½ casing
11-13-96 SPOT 45 sxs @ 2600'-2500'
11-13-96 SPOT 45 sxs @ 1178'-1054' tagged
11-13-96 SPOT 15 sxs @ 30'- surface

INSTALL DRY HOLE MARKER
CIRCULATE 10 # MUD

Post ID 2
1-3-96
P+A

DEC 20 '96
O. C. D.
ARTESIA, OFFICE

Location cleaned and ready for inspection.

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

SIGNATURE [signature] TITLE President DATE 12/19/96

TYPE OR PRINT NAME Joseph J. Kelly TELEPHONE NO. 505/623-3190

(This space for State Use)

APPROVED BY [signature] TITLE F1 DATE 1-16-97

CONDITIONS OF APPROVAL, IF ANY: