

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Mining and Natural Resources Department

CIST
Op

Form C-103
Revised March 25, 1999

DISTRICT I

1625 N French Dr., Hobbs, NM 88240

DISTRICT II

811 S. East Street, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, New Mexico 87505

WELL API NO.
30-005-63128

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
VB-0110

7. Lease Name or Unit Agreement Name

CELTIC STATE

8. Well No.
6

9. Pool Name or Wildcat
SOUTHEAST ACME AN ANDRES

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 GAS
WELL WELL OTHER

Name of Operator
ELK OIL COMPANY

3. Address of Operator
POST OFFICE BOX 310, ROSWELL, NEW MEXICO 88202-0310

4. Well Location
Unit Letter C : 330 Feet From The NORTH Line and 1650 Feet From The WEST Line
Section 13 Township 8 SOUTH Range 27 EAST NMPM CHAVES County

10. Elevation (Show whether DF, RKE, RT, GR, etc.)
3937' 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
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING MULTIPLE COMPLETION
OTHER

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
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 For Multiple Completions. Attach wellbore diagram of proposed completion or recompletion.

PLACED WELL BACK ON PRODUCTION OCTOBER 1, 2000.



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

SIGNATURE [Signature] TITLE PRESIDENT DATE 1/10/01
TYPE OR PRINT NAME JOSEPH J. KELLY TELEPHONE NO. 505-623-3190

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE 1-12-2001
CONDITIONS OF APPROVAL, IF ANY: _____