Submit 3 Copies To Appropriate District Office	State of New Mexico	/ Form C-103
District I	Energy, Minerals and Natural Resour	ces May 27, 2004 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONCEDUATION DIVIGIO	20.045.22122
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISIO 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE X FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa 1 C, INVI 67505	6. State Oil & Gas Lease No.
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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 X Other	o. J. o. T. ambou
2. Name of Operator		9. OGRID Number 22044
McElvain Oil & Gas Properties, Ir	c.	10 P. J
3. Address of Operator 1050 17 th St., Suite 1800, Denver	, CO 80265	10. Pool name or Wildcat Basin Fruitland Coal
4. Well Location		
Unit Letter_D:_700feet from the North line and _670feet from the _Westline		
Section 16		NMPM County San Juan
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5750' GL		
Pit or Below-grade Tank Application		
	raterDistance from nearest fresh water well	
Pit Liner Thickness: mil		obls; Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
	ITENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐		ICE DRILLING OPNS.☐ P AND A ☐ CEMENT JOB ☐
FOLL OIL ALTER CASING	MOETH LE COMILE GASINGN	SEMENT 30D
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.		
	3:00 am. Drilled to 331'. Ran 5 Jts new 7" J-55	20# csg, set @ 226' KB.
Cemented as follows: 100sx -2% CaCl, 15.6 ppg, 1.18 yield.		
Cement to Surface.		
Tested BOP, Choke manifold valves, floor valve @ 500 psi for 30 min.		
Tested BOP, Choke manifold valve	s, floor valve @ 500 psi for 30 min.	O BUNDA
		CONS. DIV.
		COMPANDIST. S
_\/ 0 1	1 / 1 /	V (1)
	RT CMT Volume Circula	
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 a cording to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.		
SIGNATURE TITLE Operations Engineer DATE 7/11/05		
Type or print name E. Reed Fischer E-mail address: Reed F@McElvain.com Telephone No. 303-893-0933 For State Use Only		
APPROVED BY: APPROVED BY: APPROVED BY: TITLE APPROVED BY: DATE 1 5 2005		
Conditions of Approval (if any):	HILE	DATE
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