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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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-1C1) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Elk Oil Company	8. Farm or Lease Name S. E. Anderson
3. Address of Operator P O Box 310, Roswell, New Mexico 88201	9. Well No. 1
4. Location of Well UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 19 TOWNSHIP 9S RANGE 35E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4182 DF	12. County Lea

16. 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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. 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.

Present TD 11,607'. Perforated @ 11,477' to 11,484'. Plan to place 100'cmt plug across these perfs. Re-perf from 9725-35 and 9840-50'. Acidize and test. If commercial, place on production.

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

SIGNED  TITLE President DATE 12/12/73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: