

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave., Artesia, NM 86210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, New Mexico 87505

WELL API NO.  
30-005-63585

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
VO-5577

7. Lease Name or Unit Agreement Name

OVEREASY STATE

8. Well No.

1

9. Pool Name or Wildcat

FOOR RANCH PRE-PERMIAN

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 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

ELK OIL COMPANY

3. Address of Operator

POST OFFICE BOX 310, ROSWELL, NEW MEXICO 88202-0310

4. Well Location

Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 6 Township 10 SOUTH Range 27 EAST NMPM CHAVES County

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

3925'

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 ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

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 For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

DRILL 7 7/8" HOLE TO 6710'. RAN 154 JOINTS (6711') OF 5 1/2", 17# K-55 CASING.

CEMENTED WITH 20 BARRELS SUPER FLUSH, 475 SXS SUPER H CEMENT WITH

5/10% LAP-1, 4/10% CFR-3, 2 1/2# SALT, 1/4# D-AIR. PLUG DOWN AT 1:45 P.M. ON 08/21/03.

ESTIMATED TOP OF CEMENT 4000'. WOC 18 HOURS. TESTED 30 MINUTES, HELD OKAY.

PREPARE TO COMPLETE WELL.

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

SIGNATURE

TITLE

PRESIDENT

DATE

8/25/03

TYPE OR PRINT

NAME

JOSEPH J. KELLY

TELEPHONE NO.

505-623-3190

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*District Supervisor*

AUG 27 2003