

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

311 S. First 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.
30-005-60413

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
L-24

7. Lease Name or Unit Agreement Name

DEXTER STATE

8. Well No.
1

9. Pool Name or Wildcat
DEXTER SAN 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 D 660 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 36 Township 12 SOUTH Range 26 EAST NMMPM CHAVES County

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

3528.1' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

PLUG AND ABANDON WELL AS FOLLOWS:

06/20/97: SPOT 40 SXS @ 1188' - 1068' TAGGED.

06/23/97: PERFORATE @ 365' - SQUEEZED 90 SXS TAGGED @ 130'.

06/24/97: SPOT 20 SXS @ 130' TO SURFACE.

INSTALL DRY HOLE MARKER.

CIRCULATE HOLE WITH 10# MUD.

Post ID-2
10-9-98
P&A

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

SIGNATURE  TITLE PRESIDENT DATE 9/23/98

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: