

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

MAY 28 1992

API NO. (assigned by OCD on New Wells)

30-005-60504

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-2675

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☒

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

Amoco State

2. Name of Operator

ELK OIL COMPANY

8. Well No.

1

3. Address of Operator

Post Office Box 310, Roswell, New Mexico 88202-0310

9. Pool name or Wildcat

Wildcat Wolfcamp

4. Well Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 16

Township

12 South

Range

26 East

NMPM

Chaves

County

10. Proposed Depth

5450

11. Formation

Wolfcamp

12. Rotary or C.T.

-

13. Elevations (Show whether DF, RT, GR, etc.)

4234 GL

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

-

16. Approx. Date Work will start

June 15, 1993

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17½	13 3/8	48#	322'	350 sxs	Circ.
12¼	8 5/8	24#	1360'	1385 sxs	Circ.

PLAN TO RE-ENTER WELL AS FOLLOWS:

- (1) Clean out to 5450'
- (2) Run 4½" Casing to 5450', cement with 200 sxs cement.
- (3) Perforate, acidize.
- (4) Test well, if commercial place on production.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE

TITLE President

DATE 5/25/93

TYPE OR PRINT NAME

Joseph J. Kelly

TELEPHONE NO. 505/623-3190

(This space for State Use)

APPROVED BY

TITLE GEOLOGIST

DATE 6-7-93

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 12-7-93
UNLESS DRILLING UNDERWAY

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator ELK OIL COMPANY			Lease Amoco State		Well No. 1
Unit Letter J	Section 16	Township 12 South	Range 26 East	NMPM	County Chaves
Actual Footage Location of Well: 1980 feet from the South line and 1980 feet from the East line					
Ground level Elev. 4234 GL	Producing Formation Wolfcamp	Pool Wildcat	Dedicated Acreage: 40 Acres		

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary). _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

SEE ORIGINAL SURVEY DATED MAY 1978

OPERATOR CERTIFICATION

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

Signature

Printed Name

Joseph J. Kelly

Position

President

Company

ELK OIL COMPANY

Date

May 25, 1993

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of
Professional Surveyor

Certificate No.

