

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 S. First Street, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 South Pacheo  
Santa Fe, New Mexico 87505

RECEIVED  
OCD - ARTESIA

WELL API NO.  
30-005-61819

5. Indicate Type of Lease

STATE

☒ X

FEE

☐

6. State Oil & Gas Lease No.

L-6854

7. Lease Name or Unit Agreement Name

MEREDITH STATE COMM.

8. Well No.

1

9. Pool Name or Wildcat

FOOR RANCH PRE-PERMIAN GAS

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

☒ X

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 K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 19 Township 9 SOUTH Range 27 EAST NMPM CHAVES County

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

3811' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

☐

PLUG AND ABANDON

☒ X

TEMPORARILY ABANDON

☐

CHANGE PLANS

☐

PULL OR ALTER CASING

☐

MULTIPLE COMPLETION

☐

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

PLUG AND ABANDON WELL AS FOLLOWS:

(1) Set CIBP @ 1800' with 35' cement inside 4 1/2 casing.

(2) Cut and pull 900' 4 1/2 casing.

(3) 100' stub plug 50 in / 50 out @ ~~950-950~~ 1064' - 50' out 4 1/2" csg stub. TAG

(4) 50' plug @ surface.

\* Brine Gel between all cement Plugs.  
Notific N.M.O.C.D. to witness Plugging Operations.

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

SIGNATURE

TITLE

PRESIDENT

DATE

3/7/01

TYPE OR PRINT

NAME

JOSEPH J. KELLY

TELEPHONE NO.

505-623-3190

(This space for State Use)

APPROVED BY

TITLE

Field Rep. II

DATE

3/19/2001

CONDITIONS OF APPROVAL, IF ANY: