Submit 3 Copies to Appropriate Distract Office DISTRICT I Submit 3 Copies Exergy, Mine and Natural Resources D State of New Mexico and Natural Resources D Submit 2002 OIL CONSERVATION DIVISION PECETVED	V
RECEIVED © 2040 South Pacheco OCD - ARTESIA Santa Fe, New Mexico 8750	WELL API NO.
DISTRICT II 811 S. Fust Street, Actasia, NM 88270	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztac, NM 87410	6. State Oil & Gas Loase No. L-6854
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)	7. Lease Name of Unit Agreement Name
I. Type of Well. OIL GAS WELL WELL X OTHER	MEREDITH STATE COMM.
Name of Operator	8. Well No.
ELK OIL COMPANY	9. Pool Name or Wildost
3. Address of Operator POST OFFICE BOX 310, ROSWELL, NEW MEXICO 8	
4. Well Location Unit Letter K : 1980 Feet From The SOUTH	Line and1980 Feet From The WEST Line
	nge 27 EAST NMPM CHAVES county
10. Elevation (Show whether DF, RKB, RT, G 3811' GR	ri, etc.)
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 X
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB
OTHER:	OTHER:
12. Describe Proposed of Completed Operations (Classify state all pertinent data), and give pertinent data, including estimated data of stating any proposed worth) SEE RULE 1103 For Multiple Completions: Attach willbom diagram of proposed completion. PLUG AND ABANDON WELL AS FOLLOWS: 7/3/01 SPOT 25 SXS @ 1814'-1548' TAGGED. PULLED 1015' OF 4 1/2" CASING. 7/5/01 SPOT 25 SXS @ 1069'-1018' TAGGED. 7/5/01 SPOT 30 SXS @ 1018'-938' TAGGED. 7/5/01 SPOT 18 SXS @ 60'-SURFACE. INSTALL DRY HOLE MARKER. CIRCULATE 10# MUD. LOCATION CLEAN AND READY FOR INSPECTION. These by actually that the unformation above 15 tow and complete to the best of my knowledge and balar. SIGNATURE TYPE OR PRINT NAME JOSEPH J. KELLY TELEPHONE NO 505-623-3190	
(This space for State Use)	J. J. Ben P 2000
APPROVED BY TITLE TITLE TITLE DATE DATE	