

DISTRICT I

1625 N. Farnish 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 Pacheco
Santa Fe, New Mexico 87505

WELL API NO.
30-005-61870

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
L-6853

7. Lease Name or Unit Agreement Name

AIKMAN 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 ☒ 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 I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 14 Township 9 SOUTH Range 26 EAST NMPM CHAVES County

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

3814' 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 ☐ 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.

06/15/2000: Set CIBP at 5997' with 2 sxs cement. Perforate 5972'-78'; 5982'-88'. Shut down.
06/16/2000: Acidize with 1500 gallons 15% HCL. Swab well with small show of gas. Shut down.
06/17/2000: TP 100#.

RECEIVED
OCD - ARTESIA

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

SIGNATURE [Signature] TITLE PRESIDENT DATE 6/18/00
TYPE OR PRINT NAME JOSEPH J. KELLY TELEPHONE NO. 505-623-3190

(This space for State Use)

APPROVED BY [Signature] TITLE District Supervisor DATE JUL 24 2000
CONDITIONS OF APPROVAL, IF ANY: