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CONDITIONS OF APPROVAL, IF A

APPROVED BY

ate of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised March 25, 1999

District Office OIL CONSERVATION DIVISION DISTRICT I 2040 South Pacheco WELL API NO 1625 N. French Dr., Hobbs, NM 88240 30-005-62012 Santa Fe, New Mexico 87505 Indicate Type of Lease DISTRICT II STATE Х FEE 811 S. First Street, Artesia, NM 88210 6. State Oil & Gas Lease No. DISTRICT III L-6907-3 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (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.) Type of Well OIL VIKING STATE COMM. X OTHER WELL WELL 8 Well No Name of Operator **ELK OIL COMPANY** 9. Pool Name or Wildcat 3 Address of Operator POST OFFICE BOX 310, ROSWELL, NEW MEXICO 88202-0310 FOOR RANCH PRE-PERMIAN 4. Well Location **EAST** 1980 NORTH 1980 Feet From The Unit Letter **CHAVES** 27 EAST имрм County 9 SOUTH 19 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3808' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB MULTIPLE COMPLETION PULL OR ALTER CASING OTHER 12. Describe Proposed or Completed Operations (Clearly state all pertinant details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. For Multiple Completions: Attach wellborn diagram of proposed completion or recompletion. (1) Set CIBP @ 5850' with 35' cement. 2 100' Plug - 5188' - 5288 PLUG AND ABANDON WELL AS FOLLOWS: 6 100 Plug 4524 - 4624 (2) Cut and recover 4000' 5 1/2 15.5# casing. (3) Set 100' stub plug 50 in / 50 out 4050-3950. 725/4, 2301-2401' (4) Set 100' shoe plug @ 1067-967. 151617 187 (5) Set 🕶 surface plug. 🗸 Salt gel mud consisting of 10# Brine W/25# of gel per bbl Notify OCD 24 hrs. prior to any work done must be placed between each plug true and complete to the best of my knowledge and belief I hereby certify that the information about 10/23/01 PRESIDENT TITLE SIGNATURE 505-623-3190 JOSEPH J. KELLY TELEPHONE NO NAME TYPE OR PRINT