r'	-			
Submit 3 Copies	State of New Me			Form C-103
to Appropriate District Office	Energy, Minerals and Natural Re	sources Department		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-005-62555	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease		
DEC 23 95		DEC 23 '96		TE X FEE
1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No. LG-4917	).
SUNDRY NOTICES AND REPORTS ON WELLS ARRESTS OFFICE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				
DIFFERENT RES (FORM	ROPOSALS TO DRILL OR TO DEEPEN ERVOIR. USE "APPLICATION FOR PEF C-101) FOR SUCH PROPOSALS.)	RMIT"	7. Lease Name or Unit Agre	ement Name
1. Type of Well: OIL GAS WELL WELL	√     OTHER		JR State	-
2. Name of Operator			8. Well No.	
ELK OIL COMPANY			9. Pool name or Wildcat	
3. Address of Operator Post Office Box 310, Rosw ell New Mexico 88202-0310			Pecos Slope Abo	
4. Well Location	60 Feet From The South	Line and198	80 Feet From The	West Line
32	South R	nge 27 East	NMPM Chave	S County
Section 32	Township Ra  10. Elevation (Show whether	uke	MATERI	
	//////	80' GR		
	Appropriate Box to Indicate I	Nature of Notice, R	eport, or Other Data	OT OF
NOTICE OF I	NTENTION TO:	SUB	SEQUENT REPOR	(I Ur:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERII	NG CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. 🔲 PLUG A	ND ABANDONMENT
JLL OR ALTER CASING CASING TEST AND C			EMENT JOB	
		OTHER:		
OTHER:				
<ol> <li>Describe Proposed or Completed Opwork) SEE RULE 1103.</li> </ol>	erations (Clearly state all pertinent details, an	nd give pertinent dates, inclu	ding estimated date of starting t	iny proposea
WORK) SEE ROLL 1103.	Re-complete well from the the Pecos Slope Abo.	Foor Ranch Pre-	-Permian to	
	Can attack	and report		
See attached report.				
				. •
			•	
	trub and complete to the best of my knowledge and	belief.		
I nevery certify that the information page in	The state of the s	President		12/20/96
SIGNATURE	<del>(</del> ) m			
TYPE OR PRINT NAME JOSE	oh J. Kelly		TELE	PHIONE NO. (505)623-3190
(This space for State Use)	IGNED BY TIM W. GUM			IAM **** 0 4007
DISTRICT II	SUPERVISOR	7.E	DATE	JAN8 1997
APPROVED BY		<del></del>		
CONDITIONS OF AFFROVAL, IF ANY:	•			