Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103	$\Lambda$ .
Revised 1-1-89	<i>VQ</i>

**DISTRICT I** P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

WELL API NO. P.O. Box 2088 Santa Fe, New Mexico RECEIVES

30-005-62593 5. Indicate Type of Lease STATE FEE

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. LG-9056 SUNDRY NOTICES AND REPORTS ON WELLS.

( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL Aikman State Comm. 2. Name of Operator 8. Well No. ELK OIL COMPANY 2 3. Address of Operator 9. Pool name or Wildcat Post Office Box 310, Roswell, New Mexico 88202-0310 Pecos Slope Abo Well Location H : 1980 Feet From The North Unit Letter 660 East Line and Feet From The Township 9 South Range 26 East **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3814 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: 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.

09/25/92-09/30/92:

Rig up pulling unit; pull out of hole with tubing. Run in hole with CIBP, set at 5040 feet. Rig up Schlumberger, perforate 4863-4875; 2 shots/ft. Rig up Halliburton, acidize with 1000 gals 7% NeFe, swab back. Frac well with 37,500# 20/40 sand and 30,000 gals water. Flow well back. Kill well, dump 35' cement plug on CIBP. Run in hole with tubing, swab well in. Place well on production at 500 MCF/day.

I hereby certify that the information above	e is true and complete to the best of my know	ledge and belief.		
SIONATURE		тп.е	President	DATE 10/20/92
TYPE OR PRINT NAME Joseph J. Kelly				TELEPHONE NO. 505/623-3190
	INAL SIGNED BY			
MIKE SUPE	WILLIAMS RVISOR, DISTRICT 19	mle		DATE OCT 2 2 1992
CONDITIONS OF APPROVAL, IF ANY:				

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