

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CLIP  
DP

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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED  
SEP 24 1992

O. C. D.

WELL API NO.

30-005-62593

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-9056

7. Lease Name or Unit Agreement Name

Aikman State Comm.

8. Well No.

2

9. Pool name or Wildcat

Und. Foor Ranch Wolfcamp

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  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

ELK OIL COMPANY

3. Address of Operator

P. O. BOX 310, ROSWELL, NEW MEXICO 88202

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 14 Township 9S Range 26E NMPM Chaves County

10. Elevation (Show whether DF, RKB, 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 ☐

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.

Propose to plug back from Foor Ranch Wolfcamp to  
Pecos Slope Abo.

1. Abandon Wolfcamp perms @ 5283-5288 with BP @ 5000'.
2. Perforate Abo @ 4863-4875. Acidize and frac.
3. Place on production.

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

SIGNATURE Joseph J. Kelly TITLE President DATE 9/23/92

TYPE OR PRINT NAME Joseph J. Kelly TELEPHONE NO. 623-3190

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

OCT 22 1992

## OIL CONSERVATION DIVISION

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# WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator <i>ELK OIL COMPANY</i>		Lease <i>Aikman State Comm.</i>		Well No. <i>2</i>
Unit Letter <i>H</i>	Section <i>14</i>	Township <i>9 South</i>	Range <i>26 East</i> <i>NMPM</i>	County <i>Chaves</i>
Actual Footage Location of Well:				
<i>1980</i> feet from the <i>North</i> line and <i>660</i> feet from the <i>East</i> line				
Ground level Elev. <i>3814</i>	Producing Formation <i>Abo</i>		Pool <i>Pecos Slope Abo</i>	Dedicated Acreage: <i>160</i> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☒ Yes ☐ No If answer is "yes" type of consolidation Communitization

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary).

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

*SEE ORIGINAL C-102  
DATED 02/03/88*

### OPERATOR CERTIFICATION

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

Signature \_\_\_\_\_  
Joseph J. Kelly

Printed Name  
President

Position  
ELK OIL COMPANY

Company	9/23/92
Date	

### SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed \_\_\_\_\_

Signature & Seal of  
Professional Surveyor

Certificate No.

