

November 1988  
Formerly 9-331

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 884

NM 884-001 Expires August 31, 1985  
Other Instructions on Re-

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" for such proposals.)

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>   |  | RECEIVED  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-4434                           |  |
| 2. NAME OF OPERATOR<br>ELK OIL COMPANY   |  | NOV - 6 1991  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                     |  |
| 3. ADDRESS OF OPERATOR<br>Post Office Box 310, Roswell, New Mexico 88202-0310  |  | O. C. D. ARTESIA OFFICE                                   |  | 7. UNIT AGREEMENT NAME   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>990' from the North line and 990' from the West line |  |   |  | 8. FARM OR LEASE NAME<br>Christine Federal                               |  |
|  |  |   |  | 9. WELL NO.<br>1   |  |
|  |  |   |  | 10. FIELD AND POOL, OR WILDCAT   |  |
|  |  |   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Section 31-T15S-R29E |  |
| 14. PERMIT NO.   |  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3672 GR |  | 12. COUNTY OR PARISH<br>Chaves   |  |
|  |  |   |  | 13. STATE<br>NM  |  |

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:                          |  |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <input type="checkbox"/>  | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTER ACIDIZE <input type="checkbox"/>     | ABANDON* <input checked="" type="checkbox"/>  | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               |  |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE WORK DONE OR COMPLETED OPERATED. Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.

Plug and Abandon as follows:

- 280'
- (1) Set 100' cement plug @ 2700'. 300' - 2727'. Tag plug.
  - (2) Cut and pulled 1500' of 4 1/2" casing.
  - (3) Set 100' plug in and out of 4 1/2" casing stub. Tag plug.
  - (4) Set 100' plug @ 600'.
  - (5) Set 100' plug @ 223' in and out of 8 5/8" casing shoe. Tag plug.
  - (6) Set 10 sx plug @ surface.
  - (7) Place 4' X 4' dry hole marker @ surface.
  - (8) Level and clean location.

Place mud between all plugs.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE President DATE 10/29/91  
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Rate Changer  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

