

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

clsf

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	<div>RECEIVED BY SEP 25 1985 O. C. D. APR 20 1985 OFFICE</div>
2. NAME OF OPERATOR Elliott Oil Company ✓	
3. ADDRESS OF OPERATOR P.O. Box 1355, Roswell, New Mexico 88201	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' from South, 990' from West, Sec. 31	
14. PERMIT NO. 30-015-70294-85	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3423 GR

5. LEASE DESIGNATION AND SERIAL NO. NM 27279
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME E. M. Elliott
9. WELL NO. #5
10. FIELD AND POOL, OR WILDCAT Turkey Track-SR-2-G-SF
11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Sec. 31, T-18S, R-30E
12. COUNTY OR PARISH Eddy
13. STATE N.M.

16. 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 checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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.)\*

Drilled 7 7/8" hole to 3065'. Set 5 1/2" 15.5# J-55 at 3050'.  
Cemented with 1400 sx Haliburton Lite, 1/4 Flow Seal, 15# salt;  
Followed with 300 sx Class C, 6# Salt, 2/10 BFR3, 1000# Flow check #21.  
Circulated 60 sx to pit. Plug down 5:55 p.m. 9/18/85

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

SIGNED [Signature] TITLE Agent DATE 9/19/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

SEP 23 1985

\*See Instructions on Reverse Side