

District I  
P.O. Box 1980, Hobbs NM 88240  
District II  
P.O. Dower DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. <b>30-039-05260</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>E-9055</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name  State
2. Name of Operator <b>McElvain Oil &amp; Gas Properties, Inc.</b>	8. Well No. <b>1</b>
3. Address of Operator <b>P.O. Box 2148, Santa Fe, NM 87504-2148</b>	9. Pool name or Wildcat <b>Escrito Gallup</b>
4. Well Location Unit Letter <b>D</b> <b>990</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>West</b> Line Section <b>36</b> Township <b>24N</b> Range <b>7W</b> NMPM <b>Rio Arriba</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>6764'</b>	

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 Attempt to establish commercial production. ☒

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.

There is a packer set at 5103' KB

The current pressures are as follows:

Bradenhead Pressure: 0 psi; Casing Pressure: 5 psi; Tubing Pressure: 189 psi.

We have swabbed this well on July 10, 1997 in an effort to establish production.

We are continuing to monitor the tubing pressure to determine if the formation is depleted.

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

SIGNATURE Anna M. Griego TITLE Expl. & Prod. Administrator DATE 10/1/97  
TYPE OR PRINT NAME Anna M. Griego PHONE NO. 505-982-1935 Ext. 113

(This space for State Use)

APPROVED BY Johnny Robinson TITLE DEPT. OF ENERGY, MINERALS & NATURAL RESOURCES DATE OCT - 6 1997  
CONDITIONS OF APPROVAL, IF ANY: \* Bring well into compliance prior to 11-15-97