INCOMPAGE I

## OIL CONSERVATION DIVISION

WELL	APLNO.	

P.O. Box 1980, Hobbs, NM 38240	P.O. Box	WELL AP	WELL API NO.			
C . F N N . 1 . 2750 1 200				30-039-26201		
DISTRICT II P.O. Drawer DD Artesia, NM 88210	<ol><li>Indicate</li></ol>	5. Indicate Type of Lease				
				STATE	FEE $oxtimes$	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil	& Gas Lease No.		
SUNDRY N	OTICES AND REPORTS O	N WELLS				
(DO NOT USE THIS FORM FOR PE	ROPOSALS TO DRILL OR TO DE ERVOIR. USE "APPLICATION FO	EPEN OR PLUG BACK TO A	7. Lease No	ame or Unit Agreement Name		
	C-101) FOR SUCH PROPOSALS		. m	Car		
1. Type of Well:				Elk 10		
OIL GAS WELL WELL	OTHER	ATT NOW 2				
2. Name of Operator	OTHER	#C NOV 2 9 1989	8. Well No.			
McElvain Oil & Gas Pro	perties, Inc.	MM COOM	o. Wen ito.	1		
3. Address of Operator		SALL COUNTY FORM	7 9 Pool nam	e or Wildcat		
1050 17th Street, Suite	9 710 Denver CO 80265	Mell. 3	/o	Blanco Mesaverd	e	
4. Well Location		୍ୟର୍ଥର ହୁ				
Unit Letter H:	1975 Feet From The	North Line and	950F	Feet From The <u>East</u>	Line	
Section 10	Township 25N	Range 2W	NMPM	Rio Arri	ha County	
		whether DF,RKB,RT,GR,etc.)	111111111		County	
11. Check A	Appropriate Box to Indica	te Nature of Notice R	enort or Otl	her Data		
NOTICE OF IN	TENTION TO:			IT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS.	X PLUG AND ABANDO	ONMENT [	
PULL OR ALTER CASING		CASING TEST AND	CEMENT JOB			
OTHER:		OTHER:			[	
12. Describe Proposed or Completed Op SEE RULE 1103.	erations. (Clearly state all pertinent d	etails, and give pertinent dates, in	cluding estimated	date of starting any proposed	work)	

Spud well on 11/12.99. Drill 12 1/4" hole to 628'. Ran 14 joints (608.04') of 9 5/8" 36# ST&C casing. Casing set at 620.04' RKB. Cement with 350 sacks of Class B cement with 3% CaCl and 1/4# per sack celloflake. Circulated 15 bbls good cement to pit. Plug down at 10:30 am, 11/13/99. Wait on cement 8 hours, Pressure test casing, blind rams and manifold to 600 psi for 10 minutes.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Expl. & Prod. Administrator DATE <u>Nov. 24, 1999</u> TYPE OR PRINT NAME Anna M. Griego TELEPHONE NO. 303-893-0933 DEPUTY OIL & GAS INSPECTOR, DIST. (This space for State Use) CHARLIE T. PERION

CONDITIONS OF APPROVAL, IF ANY