## State of New Mexico

Submit 3 Copies Form C-103 Energy, Minerals and Natural Resources Department to Appropriate Revised March 25, 1999 District Office **OIL CONSERVATION DIVISION** DISTRICT I 2040 South Pacheco WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-005-62887 Santa Fe, New Mexico 87505 RECEIVED DISTRICT II 5. Indicate Type of Lease 811 S. First Street, Artesis, NM 88210 STATE X APR 1 5 2004 DISTRICT III . State Oil & Gas Lease No OCD-ARTES A-5961 and VB-402 1000 Rio Brazos Rd., Aztac, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7 Lesse Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: GAS OIL Conestoga State WELL WELL XOTHER Name of Operator 8. Well No. ELK OIL COMPANY 3. Address of Operator 9. Pool Name or Wildcat Undes. Palma Mesa; Sil-Ord, Gas POST OFFICE BOX 310, ROSWELL, NEW MEXICO 88202-0310 4. Well Location 990 330 South Feet From The East Feet From The 8 South 27 East Chaves Section Township NMPM County 10. Elevation (Show whather DF, RKB, RT, GR, etc.) 3939.8' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON ALTERING CASING REMEDIAL WORK PLUG AND ABANDONMENT TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PULL OR ALTER CASING MULTIPLE COMPLETION CASING TEST AND CEMENT JOB Pits OTHER: 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 For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Pursuant to Rule R-3221-3221D Elk notifies the OCD that drilling pits will not continue in use after completion of the well. Pits will be closed.

I hereby centify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE	PRESIDENT	DATE	4/14/04
TYPE OR PRINT NAME JOSEPH J. KELLY	TELEPHONE NO		505-623-3190
(This space for State Use)			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:		DATE	