Submit 3 Copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

to Appropriate District Office

Revised	1-1-89

DISTRICT I	OIL CC	NSERVATIO	N DIVISI	ON					
1625 N. French Dr., Hobbs, NM 88240	2040 South Pacheco Santa Fe, New Mexico 87505			WELL API NO. 30-005-63612		-			
DISTRICT II 1301 W. Grand Ave., Artesia, NM 88210					5. Iradicate Type of Lease	STATE		FEE	X
DISTRICT III 1000 Rio Brazos Rd., Aztac, NM 87410					6. State Oil & Gas Lease No.			<u></u>	
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"			7. Lesse Name or Unit Agreement Name						
Type of Well:	(FORM C-101) FOR SUC			CEIVED	_				
OIL GAS WELL X WELL	c	THER	_	AR 9. 9. 7004	BRIAN FEE				
Name of Operator ELK OIL	COMPANY		OC	D-ARTESIA	8. Well No. 2				_
3. Address of Operator	FFICE BOX 310, R	OSWELL NEW			9. Pool Name or Wildret RACE TRACK SAN	ANDRES	S. EAS	т	
4. Well Location Unit Letter C	220	Feet From The	North	Line and 231		on The		Vest	Line
40		0 South	· [20.5		Chave			
Section 19	Township	10. Elevation (Show what	her DF, RKB, RT,		ast nmpm	Criave		County	
11.	Check Appro	3896' priate Box to Inc		re of Notice, Re	eport, or Other Data				
NOTICE OF	INTENTION TO:				SUBSEQUENT REPO	RT OF:			
PERFORM REMEDIAL WORK	PLUGAN	DABANDON		REMEDIAL WORK	ALT	ERING CAS	ING		
TEMPORARILY ABANDON	CHANGE	PLANS		COMMENCE DRILLI	NG OPNS. PLU	G AND ABA	ироими	ent	
PULL OR ALTER CASING		and the second s	. * 1861 *1 Bases	CASING TEST AND C	ementjob X		ين و د مد ۱۰۰۰	m - 1 whis Name	
OTHER:	· · · · · · · · · · · · · · · · · · ·			OTHER:	····				
12. Describe Proposed or Completed C SEE RULE 1103	Operations (Clearly state all perti	ment details, and give per	timent dates, incl	uding estimated date of	starting any proposed work)				5
DRILL 12 1/4" HOLE	TO 402'. RAN 9 J	OINTS (388') of	f 8 5/8" 24	# J-55 CASING					
CEMENTED WITH 2			L2.						
PLUG DOWN AT 6:4 CIRCULATED 100 S			STED TO	1000# FOR 30	MINUTES.				
TEST OKAY. RESU			.0.25.0	1000# 1 011 00					
I hereby certify that the information above	re is true and complete to the best	of my knowledge and belie	of.						
SIGNATURE	200	TITLE	PRES	IDENT		DATE	3	3/19/0	4
TYPE OR PRINT NAME	GOSEPH J. KEL	LY	,		TELEPHONE	NO.	505-6	523-319	90
(This space for State Use)	FC	or record	os onl	A		- ·	MAR	2 9	2004
APPROVED BY CONDITIONS OF APPROVAL, IF AN	Y: :	TITLE	- ;	A SOLID DIMENSING	TRAIN DA	DATE			