Submit 3 Copies to Appropriate District Office

ate of New Mexico Energy, Minerals and Natural Resources Department

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~/ <u>2 /</u>	Form C-103
U 11-1	Revised March 25, 1999
MIL	

District Office	Elicigy, Millorale and the		_ • p =	_	HYIノ	
DISTRICT I	OIL CONSERV	ATION DIVISI	ON		UP	
1625 N. French Dr., Hobbs, NM 88240	2040 South Pacheco Santa Fe, New Mexico 87505		WELL API NO. 30-005-00229)		
DISTRICT II 811 S. First Street, Artesia, NM 88210				5. Indicate Type of Lease	STATE	X FEE
DISTRICT III				6. State Oil & Gas Lease No.		
1000 Rio Brazos Rd., Aztac, NM 87410	DV NOTIOES AND DEDODI	CONVACTION		V/. = 151		
(DO NOT USE THIS FORM FOI DIFFEREN	RY NOTICES AND REPORT R PROPOSALS TO DRILL OR TO DEEPE: TRESERVOIR. USE "APPLICATION FO (FORM C-101) FOR SUCH PROPOSAL	n or plug back to . r permit"	A	7. Lease Name or Unit Agnee	ment Name	
1. Type of Well: OIL GAS WELL WELL	X OTHER	RE-ENTRY		MONTGOMERY	STATE	
Name of Operator ELK OIL	. COMPANY			8. Well No.		
3. Address of Operator POST O	FFICE BOX 310, ROSWELI	, NEW MEXICO	88202-0310	9. Pool Name of Wildort UND. PENN		
4. Well Location Unit Letter N	: 660 Feet From The	SOUTH	Line and	1980 F	Feet From The	WEST Line
Section 2	Township 8 SOUTH		Range 27 EA	ST NMPM	CHAV	ES County
SECTION &		Show whether DF, RKB, RT				=;
11.	Check Appropriate Bo					
NOTICE OF	INTENTION TO:		S	SUBSEQUENT RE	PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	X	ALTERING CASII	NG
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABAN	IDONMENT
pull or alter casing	MULTIPLE COMPLETION	N 🔲	Casing test and cem	ient job		
OTHER:		_ 🔲	OTHER:			X
FROM 10/2/01 THRU CASING. VERBAL PE (1) SET 40 SXS PLUC (2) SET 25 SXS PLUC (3) SET 35 SXS PLUC (4) SET 45 SXS PLUC (5) SET 10 SXS PLUC PLACED HEAVE (6) INSTALL 4 X 4 DE	G AT 4113'. G AT 2667'. G AT 1510' / 50' IN AND 50' G AT SURFACE. Y MUD BETWEEN ALL PLU	oposed completion or rec FER WELL. CLE ABANDON WEL OUT OF 9 5/8 C	completion. EANED OUT TO T L. PLUGGED AN	OP OF CASING ID ABANDONED	AS EQUI ON	
I hereby certify that the information above	e is true and complete to the best of my knowledge		SIDENT		DATE	12/4/01
TYPE OR PRINT NAME	JOSEPH J. KELLY			TELEPH	IONE NO.	505-623-3190
(This space for State Use)	<i>/00</i>		July By	P		IAN 2 0 200