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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION
JAN 11 1971

D. C. C.
ARTICIAL OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L-84

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Elk Oil Company	8. Farm or Lease Name South Aome State
3. Address of Operator P. O. Box 310 Roswell, New Mexico 88201	9. Well No. 1
4. Location of Well UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 8S RANGE 27E NMPM.	10. Field and Pool, or Wildcat W/C
15. Elevation (Show whether DF, RT, GR, etc.) 3997	12. County Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☒
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

17. 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.

Well was drilled to total depth of 2200 feet in lime.

No shows of Oil or Gas.

Water @ 2011 feet - Tested 1 2/3 Bailer/hr.

No increase at total depth.

Drilling completed 12-11-70

Temporarily Abandoned

A 8' marker, 4" in diameter was screwed in collar at surface.

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

SIGNED *Joseph J. Mally* TITLE **Vice President** DATE **1-6-71**

APPROVED BY *W. A. Gressett* TITLE **OIL AND GAS INSPECTOR** DATE **FEB 5 1971**

CONDITIONS OF APPROVAL, IF ANY: