Submit 3 Copies to Appropriate District Office	State of New Energy, Mine and Natural F	Resources Depa	rtment	···•	c19 /	Form C-103 Revised March 25	, 1 9 99
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240	2040 South Pacheco			WELL API NO			
1025 N. Friench Dr., 10003, N. in. 00240	Santa Fe, New Mexico 87505			30-005-6			
DISTRICT II 811 S. Fixst Stmet, Artesia, NM 88210				5. Indicate Type of Lease STATE X FEE			
DISTRICT III 1000 Rio Brazos Rd., Azbac, NM 87410				6. State Oil & Ga L-6853-1	s Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name			
(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)				/. Lease Name of	Unit Agmement Name		
1 Type of Well: OIL GAS WELL WELL	X OTHER			 W.R. STA	ATE		:
Name of Operator				8. Well No.			
ELK OIL COMPANY				1			
3 Addæss of Operator POST OFFICE BOX 310, ROSWELL, NEW MEXICO 88202-0310				9. Pool Name or Wildott FOOR RANCH WOLFCAMP			
4. Well Location Unit Letter B	: 990 Feet From The NOR	TH Line	a nd	1980	D Feet From T	EAST	Lime
Section 24	Township 9 SOUTH	Range	26 EA	ST	имрм С	HAVES coun	ıty
	000770770770770000000000000000000000000	ther DF, RKE, RT, GR, etc	.)				
11. 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	REN	iedial work		ALTERIN	g casing	
TEMPORARILY ABANDON	CHANGE PLANS	CON	MENCE DRILLING	G OPNS.	PLUG AN	D ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASI	ng test and cei	MENTJOB			
OTHER:		ОТЕ	IER:				X
12. Describe Proposed or Completed C SEE RULE 1103 For Multiple (perations (Clearly state all pertinent details, and give prompletions: Attach wellbore diagram of proposed K ON PRODUCTION OCTOBER	completion or recomplet	stirnated date of sta	utung any propose	234865	RECEIVLU D - ARTENI	

PRESIDENT

DATE ____1/10/01

TELEPHONE NO.

TITLE Field Rep. IF DATE 1/12/2001

505-623-3190

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

JOSEPH J. KELLY

SIGNATURE

TYPE OR PRINT NAME
(This space for State Use)

APPROVED BY TIDES CUPPLIED