Submit 3 Copies to Appropriate District Office

State of New Mexico linerals and Natural Resources Department Energ

Form	C	-103	ţ
Revis	ed	1-1	4

DISTRIC	TI		
P.O. Box	1980, Hobbs	NM	88240

OIL CONSERVATION DIVISION P.O. Box 2088

			_
WELL	API	NO.	

P.O. Box 1980, Hobbs, NM 885	240
DISTRICT II P.O. Drawer DD, Artesia, NM	88210

Santa Fe, New Mexico 87504-2088 IVED

30-003-02700			_
. Indicate Type of Lease ST	ATE X	FEE	

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410	UEC 20 '90 6. State Oil & Gas Lease No. L-6853
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR F DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	PLUG BACK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL OTHER	W.R. State
2. Name of Operator ELK OIL COMPANY	8. Well No. 5
3. Address of Operator Post Office Box 310, Roswell, New Mexico 88202-03	9. Pool name or Wildcat Wildcat San Andres
4. Well Location Unit Letter I: 1980 Feet From The South	Line and 660 Feet From The East Line
Section 24 Township 9 South Range	26 East NMPM Chaves County
10. Elevation (Show whether DF, I	RKB, R1, GR, etc.)
11. Check Appropriate Box to Indicate Nati	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON X RE	EMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS C	OMMENCE DRILLING OPNS. DLUG AND ABANDONMENT
PULL OR ALTER CASING C	ASING TEST AND CEMENT JOB
OTHER:	THER:
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and gi	ve pertinent dates, including estimated date of starting any proposed

work) SEE RULE 1103.

Proposed plugging plan as follows:

35 sx Set **26** sx plug @ 1600'.

Set 20 sx plug @ base of 8 5/8 @ 202'. 35 sx + Tmg plug (2)

(3) Set 10 sx plug at surface.

Place 4' X 4' dry hole marker @ surface.

(5) Level and clean location.

Mud placed between all plugs.

I-A 35 SK plus I hereby certify that the info	mission above is true and complete to the best of my to	nowledge and belief.	<u> </u>	
		TITLE	President	DATE 12/19/90
TYPE OR PRINT NAME	Joseph J. Kelly			TELEPHONE NO. (505)623-3190
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS			JAN 1 1 1991
CONDITIONS OF APPROVAL AS Noted	- SUPERVISOR, DISTRICT IT . #MY: . Aboue	mue	otify N.M.O.C.C. in su Phygging	fificient time to witnes: