

clsf
dp

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-005-62720
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-4915

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR REEVALUATE TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	NOV 22 '89	7. Lease Name or Unit Agreement Name Runyan State Unit
2. Name of Operator ELK OIL COMPANY	O. C. D. ARTESIA OFFICE	8. Well No. 2
3. Address of Operator Post Office Box 310, Roswell, New Mexico 88202-0310		9. Pool name or Wildcat Wildcat San Andres
4. Well Location Unit Letter C : 330 Feet From The North Line and 1980 Feet From The West Line Section 30 Township 8 South Range 27 East NMPM Chaves County		

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3968' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

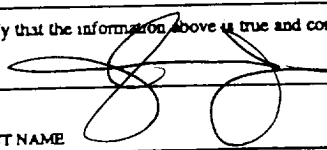
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
OTHER: ☐

12. 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.

Drilled 8" hole to 2005'. Ran 50 joints (1890') of 4½", 11.6#, K-55 Casing. Circulated 50 bbls gelled water ahead. Cemented with 50 sxs Premium Plus containing 2% CaCl. WOC 24 hours. Bail tested, no water. Prep to perforate and and test.

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

SIGNATURE  TITLE President DATE 11/21/89
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MUEL ANTONIO
SUPERVISOR, DISTRICT II

APPROVED BY _____ DATE NOV 29 1989

CONDITIONS OF APPROVAL IF ANY: