

c/s
up

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. 30-005-62780
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-8581-1

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.)	7. Lease Name or Unit Agreement Name Luce State Comm.
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1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator ELK OIL COMPANY	3. Address of Operator Post Office Box 310, Roswell, New Mexico 88202-0310	4. Well Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line	5. Well No. 1	6. Pool name or Wildcat Und. Floor Ranch Pre-Permian
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Section <u>8</u>	Township <u>9 South</u>	Range <u>27 East</u>	NMPM	Chaves	County
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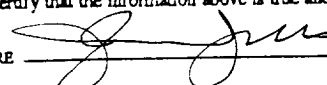
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3866' GR
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Reached TD of 6450' on 5/22/90. Ran 6450' of 5½", 15.5#, K-55 Casing. Cemented with 650 sxs 65/35 Premium Plus Poz containing 5# Salt, 3/10% Halid-4, 2/10% CFR-3. WOC 18 hours; tested 30 minutes held okay. Prep to perforate and test.

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

SIGNATURE 	TITLE <u>President</u>	DATE <u>5/29/90</u>
TYPE OR PRINT NAME		TELEPHONE NO.

(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II	DATE <u>MAY 31 1990</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		