## Submit 3 Copies to Appropriate District Office

DISTRICT II

## State of New Mexico inerals and Natural Resources Department

Form C-103	_
Revised 1-1-89	C

DIST	RIC	Ľ			
P.O.	Box	1980.	Hobbs.	NM	88240

P.O. Drawer DD, Artesia, NM 88210

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

PERFORM REMEDIAL WORK

**TEMPORARILY ABANDON** 

**PULL OR ALTER CASING** 

OTHER:

## OIL CONSERVATION DIVISION

P.O. Box 2088 RECEIVED Santa Fe, New Mexico 87504-2088

DEC 17'90

REMEDIAL WORK

OTHER:

COMMENCE DRILLING OPNS.

**CASING TEST AND CEMENT JOB** 

30-0	05-62805	
5. Indi	icate Type of Lease	FEE
<u> </u>	On a C - I No	

**ALTERING CASING** 

PLUG AND ABANDONMENT

WELL API NO.

	LG-4914	
SUNDRY NOTICES AND REPORTS ON WELLS O. C. D.		
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name	
. Type of Well: OIL OAS WELL X OTHER	Runyan State Unit	
Name of Operator ELK OIL COMPANY	8. Well No. 3	
. Address of Operator	9. Pool name or Wildcat	
Post Office Box 310, Roswell, New Mexico 88202-0310	Und. Foor Ranch Pre-Permian	
I. Well Location	.	
Unit Letter <u>G</u> : 1980 Feet From The North Line and 2310	Feet From The <u>East</u> Line	
	NMPM Chaves County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3915' GR		
Check Appropriate Box to Indicate Nature of Notice, R	eport, or Other Data	
	SEQUENT REPORT OF:	

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.

PLUG AND ABANDON

**CHANGE PLANS** 

Spud well on 12/11/90. Drill 12¼" hole to 1039'. Ran 1039' (24 joints), of 8 5/8", 23#, J-55 casing. Cemented with 400 sxs Halliburton Lite containing 1/4# flocele, 5# gilsonite, 2% CaCl<sub>2</sub>. Tailed by 200 sxs Class C CaCl<sub>2</sub>. Plug down at 1:15 p.m. 12/12/90. Circulated 12 sxs. WOC 18 hours. Tested to 1000# for 30 minutes, test okay. Resume drilling a 7 7/8" hole.

I hereby certify that the informs	group and complete to the best of my kn	nowledge and belief.		
SIGNATURE		President President	DATE 12/14/90	
TYPE OR PRINT NAME	Joseph J. Kelly		<b>ТЕLEPHONE NO.</b> (505)623-3190	
(This space for State Use)	ORIGINAL SIGNED BY		DEC 2 7 1990	

SUPERVISOR, DISTRICT I

CONDITIONS OF APPROVAL, IF ANY: