

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-005-62805

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LG-4914

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.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

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 G : 1980 Feet From The North Line and 2310 Feet From The East Line
Section 29 Township 8 South Range 27 East NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3915' GR

7. Lease Name or Unit Agreement Name

Runyan State Unit

8. Well No.
3

9. Pool name or Wildcat
Und. Foor Ranch Pre-Permian

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 7 7/8" hole to 6625'. Ran 203 joints (6625') of 5 1/2", 15.5# and 17#, K-55 casing. Cemented with 500 sxs 65/35 Poz Premium Plus containing 5# Salt, 2% Gel and 4/10% Halid 322. Plug down at 2:30 a.m. 12/31/90. WOC 18 hours. 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 Joseph J. Kelly TITLE President DATE 12/31/90
TYPE OR PRINT NAME Joseph J. Kelly TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY MIKE WILLIAMS TITLE SUPERVISOR, DISTRICT II DATE JAN 4 1990

CONDITIONS OF APPROVAL, IF ANY: