## State of New Mexico

Form C	:-103
Revised	1-1-89

form C-103 evised 1-1-89	cls F
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to Appropriate District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO P.O. Box 208		WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexical		30-005-62898  5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	, AUL	v - 3 19 <b>9</b> 2	6. State Oil & Gas Lease No. VB-0110		
	TIGES AND DEPORTS ON WES	). C. D.			
( DO NOT USE THIS FORM FOR P DIFFERENT RES (FORM	TICES AND REPORTS ON WE'S ROPOSALS TO DRILL OR TO DEEPEN ERVOIR. USE "APPLICATION FOR PEF IC-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL WELL	X OTHER		Celtic State		
2. Name of Operator  ELK OIL COMPANY			8. Well No.		
3. Address of Operator	Roswell, New Mexico 88202	-0310	9. Pool name or Wildcat Und. Pre-Permian		
4. Well Location	.650 Feet From The North	Line and	990 Feet From The West Line		
Section 13			NMPM Chaves County County		
	10. Elevation (Show whether I	DF, RKB, RT, GR, etc.)			
11. Check	k Appropriate Box to Indicate N	Nature of Notice, Re	eport, or Other Data		
	NTENTION TO:		SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK .	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING			
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB X		
OTHER:		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.					
Spud well at 4:00 P.M. on 05/30/92. Drill 12½" hole to 625'. Ran 615' (16 joints), of 8 5/8", 24#, J-55 casing. Cemented with 200 sxs Halliburton Lite containing ½# flocele, 2% CaCl2 and 200 sxs Premium Plus with 2% CaCl2. Plug down at 9:45 A.M. 5/31/92. Circulated 50 sxs. WOC 12 hours. Tested to 1000# for 30 minutes, test okay. Resume drilling a 7 7/8" hole.					

I hereby certify that the information above is true and complete to the best of my knowledge and belief. 06/01/92 President SIGNATURE . TELEPHONE NO. 505/623-3190 Joseph J. Kelly TYPE OR PRINT NAME ORIGINAL SIGNED BY (This space for State Use) MIKE WILLIAMS \_ DATE JUN 3 1992 SUPERVISOR DISTRICT 19 TIME -APPROVED BY-