

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

1992

WELL API NO.

30-005-62898

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

VB-0110

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 E : 1650 Feet From The North Line and 990 Feet From The West Line

Section 13

Township 8 South

Range 27 East

NMPM

Chaves

County

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

3953' 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 7 7/8" hole to 6750'. Verbal approval from OCD to plug back as follows:

35 sx plug at 6200'

35 sx plug at 5765'

35 sx plug at 4905'

35 sx plug at 2500'

Ran 54 joints (2369') of 5½", 15.5#, J-55 casing. Cemented with 475 sxs Halliburton Lite containing 8# salt and ¼# flocele, and 150 sxs Premium Plus containing 5# salt and ¼# flocele. Plug down at 10:45 P.M.. 06/25/92. 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

TITLE President

DATE 06/29/92

TYPE OR PRINT NAME

Joseph J. Kelly

TELEPHONE NO. 505/623-3190

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

TITLE

DATE

JUL 17 1992

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: