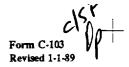
Submit 3 Copies to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

WELL API NO.

_ DATE -

DISTRICT II	Santa Fe, New Mexico		30-005-62898
P.O. Drawer DD, Artesia, NM 88210		1932	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			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			9. Pool name or Wildcat
Post Office Box 310, Rosw	ell, New Mexico 88202	2-0310	Und. Pre-Permian
4. Well Location Unit Letter E: 1650 Feet From The North Line and 990 Feet From The West Line			
Unit Letter :1050	rea rion the	Laire and	o realismine and
Section 13 Township 8 South Range 27 East NMPM Chaves County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3953' GR			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTER	ITION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG A			OPNS. PLUG AND ABANDONMENT
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. 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 ½# flocele, and 150 sxs Premium Plus containing 5# salt and ½# 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			04/20/02
SIGNATURE	<u>γ</u> πη	F President	DATE 06/29/92
TYPE OR PRINT NAME Joseph J.	Kelly		<u>тегерноме но. 505/623-3</u> 190
(This space for State Use) ORIGINAL	SIGNED BY		JUL 1 7 1992

- TITLE -

CONDITIONS OF AFTROVAL, IF ANY: SUPERVISOR, DISTRICT IS

MIKE WILLIAMS