

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

JUL 26 1993

Q. C. D.

WELL API NO.

30-015-62965

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

VB-0402

7. Lease Name or Unit Agreement Name

Kells State

8. Well No.

2

9. Pool name or Wildcat

Southeast Acme San Andres

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 A : 330 Feet From The North Line and 660 Feet From The East Line

Section 14 Township 8 South Range 27 East NMPM Chaves County

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

3928' 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 2183'. Ran 66 joints (2176') of 5½", 15.5#, K-55 Casing. Cemented with 100 sxs Class C Premium Plus containing 2% CaCl2. Plug down at 3:00 P.M. 07/21/93. WOC 18 hours. Prepare to perforate well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE President

DATE 07/22/93

TYPE OR PRINT NAME

Joseph J. Kelly

TELEPHONE NO. 505/623-3190

(This space for State Use)

ORIGINAL SIGNED BY
MARK WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 29 1993