State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

OCT 29 1993

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	WELL API NO. 30-005-62989
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE [X] FEE [ ]
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. V-2717

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.)

7. Lease Name or Unit Agreement Name

Galway State

1. Type of Well:
   OIL WELL [X]   GAS WELL [ ]   OTHER

8. Well No.
   1

2. Name of Operator
   ELK OIL COMPANY

9. Pool name or Wildcat
   Wildcat San Andres

3. Address of Operator
   Post Office Box 310, Roswell, New Mexico 88202-0310

4. Well Location   *330*
   Unit Letter __P__ : ~~320~~ Feet From The ___South___ Line and ___330___ Feet From The ___East___ Line

   Section __25__   Township __8 South__ Range __27 East__   NMPM   __Chaves__ County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
    3944' 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. [X]   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.

Spud well with cable tool at 4:00 P.M. October 26, 1993.

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

SIGNATURE _____   TITLE __President__   DATE __10/28/93__

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

APPROVED BY _____ TITLE _____ DATE _____

NOV 12 1993

CONDITIONS OF APPROVAL, IF ANY: