

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

JAN 6 1994

WELL API NO.

30-005-62989

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-2717

7. Lease Name or Unit Agreement Name

Galway State

8. Well No.

1

9. Pool name or Wildcat

Wildcat 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 P : 330 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. ☐ 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.

Propose to plug and abandon well as follows:

- (1) Fill hole with mud
- (2) Set 10 sx plug at surface
- (3) Install 4 X 4 dry hole marker
- (4) Level and clean location

Verbal approval by Artesia OCD

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

SIGNATURE

TITLE

President

DATE

01/05/94

TYPE OR PRINT NAME

Joseph J. Kelly

TELEPHONE NO.

505/623-3190

(This space for State Use)

APPROVED BY

TITLE

DATE

FEB 3 1994

CONDITIONS OF APPROVAL, IF ANY:

Post ID-2  
3-4-94  
P4H