Submit 3 Copies to Appropriate

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minera, and Natural Resources Department

51	Form C-103			
, .	Revised March 25, 1			
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51	Form C-103
,	Ravised March 25, 199
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District Office				в	1		
DISTRICT I	OIL CONSERVATION DIVISION				ν	· ·	
1625 N. French Dr., Hobbs, NM 88240		2040 South Pacheco Santa Fe, New Mexico 87505			1 21		
DISTRICT II 811 S. First Street, Artesia, NM 88210				5. Indicate Type of Lease	STATE	X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztac, NM 87410				6. State Oil & Gas Lease N V-4978	o.		
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				
1. Type of Well OIL GAS WELL WELL	X OTHER			Hi-Way State			
. Name of Operator ELK OII	L COMPANY			8. Well No.			
3. Address of Operator POST (OFFICE BOX 310, ROSV	WELL, NEW MEXIC	O 88202-0310	9. Pool Name or Wildcat Wolfcamp			
4. Well Location Unut Letter J		an The SOUTH	Line and	2245	Feet From The	EAST	Line
Section 36		HTUC	Runge 27 EA	ST NMPM	cHA\	√ES Coun	ty
		vation (Show whether DF, RKB, I 3698' GR					
11. NOTICE OF	Check Appropriat F INTENTION TO:	e Box to Indicate Na		SUBSEQUENT R			
PERFORM REMEDIAL WORK	PLUG AND ABAN	ирои	REMEDIAL WORK		ALTERING CAS	ING	
TEMPORARILY ABANDON	CHANGE PLANS	·	COMMENCE DRILLING	GOPNS.	PLUG AND ABA	ANDONMENT	
pull or alter casing	MULTIPLE COMP	PLETION	CASING TEST AND CE	мент јов			
OTHER:			OTHER: CO	mpletion of I	Re-entry		X
08/27/01 THROUGH Rig up pulling unit, por Acidize with 6000 ga Set BP at 6238' with Acidize with 6000 ga	Completions: Attach wellbore diagra	-84'; 6424'-32'; 645 abbed back load, w forate 6132'-64'; 60	ecompletion. 6'-60' (73 holes). eak blow, non-com 96'-99'; 5882'-590'	mercial. 7'; 5826'-32' (94		SULTETE TO SELECTION OF THE STA	16 19 20 21 22 As
Theseby certify that the information about	ve is true and complete to the best of my k						
SIGNATURE			SIDENT		DATE	10/15	
TYPE OR PRINT NAME	JOSEPH J. KANA			TELE	PHONE NO.	505-623-31	90
(This space for State Use)	DISTR	ICT II SUPERVISO	K			5 6 6 4 5	1001

TITLE