

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

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-005-63077                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>VB-0110                                                             |
| 7. Lease Name or Unit Agreement Name<br>Celtic State                                                |
| 8. Well No.<br>4                                                                                    |
| 9. Pool name or Wildcat<br>San Andres Southeast Acme                                                |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3968' GR                                      |

**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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> | 2. Name of Operator<br>ELK OIL COMPANY                                                                                                                                                                                           |
| 3. Address of Operator<br>Post Office Box 310, Roswell, New Mexico 88202-0310                                                                | 4. Well Location<br>Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line<br>Section <u>13</u> Township <u>8 South</u> Range <u>27 East</u> NMPM <u>Chaves</u> County |

|                                                                               |                                                                |
|-------------------------------------------------------------------------------|----------------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                                |
| <b>NOTICE OF INTENTION TO:</b>                                                | <b>SUBSEQUENT REPORT OF:</b>                                   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                         |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                       |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>               |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>                  |
|                                                                               | CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> |
|                                                                               | OTHER: <input type="checkbox"/>                                |

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 at 11:00 A.M. on 10/10/95. Drill 12 1/4" hole to 407'. Ran 398' (9 joints) of 8 5/8", 24#, K-55 Casing. Cemented with 300 sxs Class C with 2% CaCl2. Plug down at 2:30 P.M. 10/11/95. Circulated 100 sxs. WOC 18 hours. Tested to 1000# for 30 minutes, test okay. Resume drilling a 7 7/8" hole.

RECEIVED

OCT 17 1995

OIL CON. DIV.  
DIST. 2

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

SIGNATURE Joseph J. Kelly TITLE President DATE 10/13/95  
TYPE OR PRINT NAME Joseph J. Kelly TELEPHONE NO. 505/623-3190

(This space for State Use)  
**ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT II SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 19 1995

CONDITIONS OF APPROVAL, IF ANY: