

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.

30-005-63114

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

VB-0110

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

7. Lease Name or Unit Agreement Name

Celtic State

8. Well No.

5

9. Pool name or Wildcat

Southeast Acme San Andres

4. Well Location

Unit Letter D : 990 Feet From The North Line and 990 Feet From The West Line

Section

13

Township

8 South

Range 27 East

NMPM

Chaves

County

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

3941' 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 2235'. Ran 66 joints (2233') of 5 1/2",
15.5#, K-55 Casing. Cemented with 50 barrels gelled water,
100 barrels fresh water and 125 sxs Premium Plus with 2%
CaCl2. Plug down at 11:30 P.M. on 12/26/96. WOC 24 hours.
Prepare to perforate and test.

RECEIVED

JAN 06 1997

OIL CONSERV. DIV.

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

SIGNATURE

TITLE

President

DATE

1/3/97

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

JAN 8 1997

CONDITIONS OF APPROVAL, IF ANY: