## Submit 3 Copies to Appropriate

## Energy, Mine

## State of New Mexico and Natural Resources Depar

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~[7]	Form C-103
$\theta_0$	Revised Masch 25, 199

District Office					CIL	/			
DISTRICT I	OIL C	ONSERVATIO	ON DIVISI	ON					
1625 N. Færich Dr., Hobbs, N.M. 88240	2040 South Pacheco Santa Fe, New Mexico 87505			WELL API NO. 30-05-6311	4				
DISTRICT II 811 S. First Street, Artesia, NM 88210					5. Indicate Type of Lease	STATE	X F	EE	
DISTRICT HI					6. State Oil & Gas Lease	No.			
1000 Rio Brazos Rd., Aztec, NM 87410					VB-0110				
(DO NOT USE THIS FORM FOR	RY NOTICES AND PROPOSALS TO DRILL OF RESERVOIR. USE "APP (FORM C-101) FOR SU	OR TO DEEPEN OR PLI PLICATION FOR PERMI	UG BACK TO	A	7. Lease Name or Unit A	greement Name			
Type of Well:     OIL GAS	(rotter c-101) For Sb	en recression		<del></del>					
WELL X WELL		OTHER			CELTIC STAT	E			
Name of Operator					8. Well No.				
	ELK OIL COMPANY				5				
3 Address of Operator	EELOE BOY 240 I	BOCINELL NEW	V MEVICO	00202 0210	9. Pool Name or Wildcat SOUTHEAST ACME AN ANDRES				
4 Well Location	FFICE BOX 310, I	ROSVVELL, NEV	VIVIEXICC	00202-0310	JOUTHEAST	ACIVIE AN AN	DRES		
Unit Letter D	_ :990	Feet From The NOR	TH	Line and	990	Feet From The	WE	ST Line	
Section 13	Township	8 SOUTH		Range 27 EA	MM TS	M CHA	VES c	ount:	
		10. Elevation (Show whet		, GR, etc.)					
11.				ure of Notice, Re					
NOTICE OF	INTENTION TO:				SUBSEQUENT	REPORT OF:			
PERFORM REMEDIAL WORK	PLUGAN	ID ABANDON		REMEDIAL WORK		ALTERING CAS	SING		
TEMPORARILY ABANDON	CHANGE	E PLANS		COMMENCE DRILLIN	G OPNS.	PLUG AND ABA	ANDONMENT		
PULL OR ALTER CASING	MULTIPLE	E COMPLETION		CASING TEST AND CE	ment job	]			
OTHER:				OTHER:				X	
12. Describe Proposed or Completed Op SEE RULE 1103 For Multiple C	perations (Clearly state all per ompletions: Attach wellbo				arting any proposed work	)			
PLACED WELL BACK	K ON PRODUCTION	ON OCTOBER 1	2000						
TEACED WELL BACK	K ON I KODOOTK	ON COTOBER 1	, 2000.			18			
						te y			
							Ī		
I hereby certify that the information above	is true and complete to the bes	t of my knowledge and belie	ıf.						
SIGNATURE		TITLE	PRES	SIDENT		DATE	1/10	0/01	
TYPE OR PRINT NAME	JOSEPH J. KEL	.LY			TEL	EPHONE NO.	505-623-	-3190	
(This space for State Use)									
APPROVED BY MOSE CONDITIONS OF APPROVAL IF ANY	Elifill	TITLE	Fi	Id Rip. II		DATE	1/12/	२००1	