

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.

D80-005-63128

3. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

VB-0110

7. Lease Name or Unit Agreement Name

Celtic State

8. Well No.

6

9. Pool name or Wildcat

Southeast Acme 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 C : 330 Feet From The North Line and 1650 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.)

3937' 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.

Spud well at 8:00 A.M. on 05/01/97. Drill 12 1/4" hole to 414'. Ran (9 Joints) of 8 5/8", 24# casing. Cemented with 275 sxs Class C with 2% CaCl2. Plug down at 9:00 P.M. on 05/01/97. Circulated 75 sxs. WOC 18 hours. Tested to 1000# for 30 minutes, test okay. Resume drilling a 7 7/8" hole.

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

SIGNATURE

TITLE

President

DATE

05/05/97

TYPE OR PRINT NAME

Joseph J. Kelly

TELEPHONE NO. (505)623-3190

(This space for State Use)

APPROVED BY

TITLE

DATE

MAY 9 1997

CONDITIONS OF APPROVAL, IF ANY: