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nit 3 Copies	State of New Mexico Energy, Minerals and Natural Resources Department	Form C-103 Revised 1-1-89	(
opropriate ict Office			
RICT I	OIL CONSERVATION DIVISION WELL API NO.		

Distr 30-005-63128 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE XFEE MAY - 6 1997 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 VB-0110 SUNDRY NOTICES AND REPORTS ON WELLS CONTROL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Weil: Celtic State WELL X OTHER 8. Well No. 2. Name of Operator ELK OIL COMPANY 9. Pool name or Wildcat 3. Address of Operator Southeast Acme San Andres Post Office Box 310, Roswell, New Mexico 88202-0310 Well Location 1650 West North Feet From The 330 Feet From The Line and 27 East Chaves 8 South NMPM Range Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3937' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT CHANGE PLANS COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CASING TEST AND CEMENT JOB \overline{X} PULL OR ALTER CASING OTHER: 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 2210'. Ran 56 joints (2214') of $5\frac{1}{2}$ ", 15.5#, LTC K-55 Casing. Cemented with 50 barrels gelled water and 125 sxs Premium Plus with 2% CaCl2. Plug down at 11:30 P.M. 05/03/97. WOC 24 hours. Prepare to perforate and test. I hereby certify that the information above is true and complete to the best of my knowledge and belief. President 05/05/97 SIGNATURE . TELEPHONE NO. (505)623-3190TYPE OR PRINT NAME

OMGMAL SIGNED BY TIM W. GUM (This space for State Use) CHSTRICT II SUPERVISOR APPROVED BY-

DATE

CONDITIONS OF APPROVAL, IF ANY: