

DISTRICT I

1625 N French Dr., Hobbs, NM 88240

DISTRICT II

811 S First Street, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, New Mexico 87505

WELL API NO.
30-005-63342

5. Indicate Type of Lease

STATE

☒ X

FEE

☐

6. State Oil & Gas Lease No.
L-5349

7. Lease Name or Unit Agreement Name

State S.E.

8. Well No.

4

9. Pool Name or Wildcat

Foor Ranch Pre-Permian

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

GAS

WELL

☐

WELL

☒ X

OTHER

Name of Operator

ELK OIL COMPANY

3. Address of Operator

POST OFFICE BOX 310, ROSWELL, NEW MEXICO 88202-0310

4. Well Location

Unit Letter

M

880

Feet From The

SOUTH

Line and

660

Feet From The

WEST

Line

Section 23

Township

9 South

Range

26 East

NMPM

CHAVES

County

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

3786' 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

☐

MULTIPLE COMPLETION

☐

OTHER

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK

☐

ALTERING CASING

☐

COMMENCE DRILLING OPNS

☐

PLUG AND ABANDONMENT

☐

CASING TEST AND CEMENT JOB

☒ X

OTHER:

☐

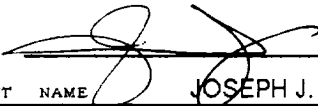
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

SEE RULE 1103 For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Ran 187 joints (6375') of 5 1/2", 15.5# and 17#, J-55 and K-55, LTC and STC Casing. Cemented with 10 barrels fresh water, 12 barrels mud flush, 10 barrels water, 325 sxs Super H with 4/10% Halad-344, 3# Salt, 4/10% CFR-3 and 5# Gilsonite. Plug down at 8:00 P.M. on 03/31/01. WOC 18 hours, tested 30 minutes, held okay. Prep to perforate and test.

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

SIGNATURE



TITLE

PRESIDENT

DATE

4/4/01

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

APR 09 2001

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:



TITLE

DATE