

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Mining and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave., Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Artesia, NM 88210

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, New Mexico 87505

WELL API NO.

30- 005-63505

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

RANDALL FEE

8. Well No.

1

9. Pool Name or Wildcat

WILDCAT

(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 ☐

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

I

: 1650

Feet From The

SOUTH

Line and

330

Feet From The

EAST

Line

Section

25

Township

10 SOUTH

Range

27 EAST

NMPM

CHAVES

County

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

3717' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☒

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

Ran 43 Joints (1552') of 8 5/8" 24# and 32# Casing. Cemented with 450 sxs Halliburton Light with 5# Salt, 2% CaCl2 and 1/4# Flocele. Tailed by 200 sxs Premium Plus with 2% CaCl2. Plug down at 3:15 P.M. on 10/13/02.

Temperature survey shows top of cement to be 490'. 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 10/14/02

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

DEC 02 2002

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: