Submit 3 Copies
to Appropriate
District Office

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
1301 W. Grand Ave., Artesia, NM 88210

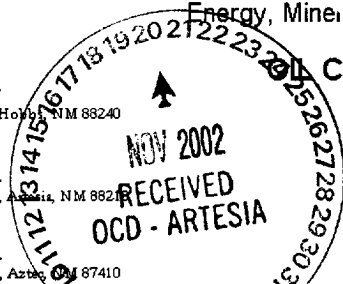DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, New Mexico 87505

NOV 2002
RECEIVED
OCD - ARTESIA

Form C-103
Revised 1-1-89

C 15 f

WELL API NO.
30-005-63505

5. Indicate Type of Lease
STATE ☐   FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

RANDALL FEE

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

2. Name of Operator

ELK OIL COMPANY

8. Well No.

1

3. Address of Operator

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

9. Pool Name or Wildcat

WILDCAT

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, RKB, RT, GR, etc.)

3717' 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

Ran 167 Joints (6874') of 5 1/2" 15.50# and 17# J-55 Casing. Cemented with 600 sxs Super H with 5/10% Lap-1,
4/10% CFR-3, 2 1/2# Salt, 1/4# D-Air. Plug down at 9:00 P.M. on 10/29/02. Estimated top of cement 4500'.
WOC 18 Hours. Tested 30 minutes, held okay. Prep to complete well.

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

SIGNATURE		TITLE	PRESIDENT	DATE	11/7/02

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 0 2 2002

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: