

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.

30-025-00085

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-39

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

8. Well No.

1

9. Pool name or Wildcat

Caprock San Andres

4. Well Location

Unit Letter H : 2338 Feet From The North Line and 330 Feet From The East Line

Section 2 Township 12 South Range 32 East NMPM Lea County

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

4345' DF

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.

Intend to Plug and Abandon well as follows:

- (1) Spot 100' plug across perf's at 4190-4210.
- (2) Cut and pull 5½ at 3657'.
- (3) Set 55 sx combination plug at 3705'.
- (4) Set 100' plug at 300'.
- (5) 10 sx plug at surface.

Verbal Agreement with NMOCD, Hobbs office.

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.

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

SIGNATURE 

TITLE President

DATE 09/02/93

TYPE OR PRINT NAME Joseph J. Kelly

TELEPHONE NO. 505/623-3190

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR**

APPROVED BY _____ TITLE _____

DATE SEP 07 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 08 1993

OCD HODDER
OFFICE