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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.  
11912

## 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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

7. Unit Agreement

1. Name of Operator  
Elk Oil Company

6. Farm or Lease Name  
Conner's State

2. Address of Operator  
P. O. Box 310, Roswell, New Mexico 88201

9. Well No.  
1

3. Location of Well  
UNIT LETTER A 660 FEET FROM THE North LINE AND 660 FEET FROM  
THE East LINE, SECTION 10 TOWNSHIP 12S RANGE 32E NMPM.

10. Field and Pool, or Wildcat  
Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)  
4383 GL

12. County  
Lea

## 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 ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐ CHANGE PLANS ☐  
OTHER ☐

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOBS ☒  
OTHER ☐

## 17. 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.

A 17 1/2" hole was spudded on 9-7-69. On 9-7-69 New 13 3/8" H-40 48# casing was set at 342' and cement w/350 sx. Cement circulated. After 18 hours W.O.C. casing was tested with 800 psi for 30 minutes. Test O.K.

On 9-11-69 New 8 5/8" J-55 24# and 32# casing was set at 3650' and cemented with 200 sx "H" + 100 sx neat. After 18 hours W.O.C. casing was tested with 1000 psi for 30 minutes. Test O.K.

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

SIGNED [Signature] TITLE Agent DATE 10-23-69

APPROVED BY [Signature] TITLE [Signature] DATE OCT 27 1969

19. SIGNATURES OF APPROVAL, IF ANY: