

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.

30-025-29004

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-3720

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

4. Well Location

Unit Letter I : 1874 Feet From The South Line and 766 Feet From The East Line

Section 7 Township 11 South Range 33 East NMPM Lea County

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

4314' 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.
Propose to plug and abandon well as follows:

- (1) Cut tubing at 7771' + - .
- (2) Pump 200 sxs cement from 7740' + - , displace with water to bottom of tubing, allow to fall and equalize. WOC 12 hours.
- (3) Pressure up on casing to check for leak off; (a) if still taking fluid, pump additional cement and repeat (b) if holding
- (4) Set 100' plug at 7740'.
- (5) Cut and recover 6000' of 5 1/2" casing.
- (6) Set 100' plug 50 in / 50 out of casing stub.
- (7) Set 100' plug at 3705' (8 5/8 shoe).
- (8) Set 100' plug at top of Salt.
- (9) Set 100' plug at 372' (13 3/8 shoe).
- (10) Set 10 sxs surface plug.

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

SIGNATURE Joseph J. Kelly

TITLE President

DATE 5/01/97

TYPE OR PRINT NAME

TELEPHONE NO. (505)623-3190

(This space for State Use) ORIGINAL SIGNED BY JERRY HEALON

DISTRICT I SUPERVISOR

MAY 02 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

