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 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

OIL CONSERV

P.O. Box 2088	WELL API NO. 30-025-072/0
Santa Fe, New Mexico 87504-2088	

	20.023	0101	`
5.	Indicate Type of Lease	•	_

STATE

1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.				
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name				
1. Type of Well: OIL GAS WELL X WELL OTHER	LIM				
2. Name of Operator ELK OIL COMPANY	8. Weil No.				
3. Address of Operator Post Office Box 310, Roswell, New Mexico 88202	9. Pool name or Wildcat C-0310 Gladiola Wolfcamp				
4. Well Location Unit Letter D: 467 Feet From The North Line and 467 Feet From The West Line					
Section 20 Township 12 South Range 38 East NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3868.5 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 X	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. Proposed to Plug and Abandon as follows:					

Set BP @ 9450'. (1)

(2) Cut and pull 8000' of 5½ casing.

- Set 100' plug in and out of 5½ casing stub at 8000'. (3)
- Set 100' plug @ base of 9 5/8 casing @ 4480'. (4)
- Set 100' @ 2600'. 7005' (5)
- (6) Set 10 sx plug @ surface.
- Place 4' X 4' dry hole marker @ surface. (7)
- (8)Level and clean location.

Mud between all plugs.

100 @ GCORLETR IL EXPOSED

I hereby certify that the information above in true and complete to the best of my kno	wledge and belief.	
SIGNATURE	mre President	DATE11/06/91
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use) ORIGINAL CARREST SUPERVISOR		

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-

RECEIVED

NOV 07 1991

OCD HOBBS OFFICE