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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 <input type="checkbox"/>	Fee <input type="checkbox"/>
5. State <input checked="" type="checkbox"/> 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Elk Oil Company	8. Form or Lease Name Etcheverry State
3. Address of Operator Box 310, Roswell, New Mexico 88201	9. Well No.
4. Location of Well UNIT LETTER <u>F</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>520</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>14S</u> RANGE <u>34E</u> NMPM.	10. Freehold Parcel No.
15. Elevation (Show whether DF, RT, GR, etc.) 4110' GRD	12. County Lea

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☒  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐  
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.

On November 14, 1972, ran new 4 1/2" N-80 and K-55 casing to 10656'. Cemented w/375 sg Class "C". After 18 hrs W.O.C. tested w/1500 psi for 30 mins. Tested o.k.

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

SIGNED <u>Joe D. Ramey</u>	TITLE <u>President</u>	DATE <u>12/5/72</u>
APPROVED BY <u>Joe D. Ramey</u>	TITLE <u>Dist. I, Supv.</u>	DATE <u>DEC 13 1972</u>
CONDITIONS OF APPROVAL, IF ANY:		