OF COPIES RECEIVED				Form C-103
DISTRIBUTION				Supersedes Old C-102 and C-103
SA AFE	NEW ME	XICO OIL CONSER	ATION COMMISSION	Effective 1-1-65
FILE				
U.S.G.S.				5a. Indicate Type of Lease
LAND OFFICE				State X Fee
OPERATOR				5. State Oil & Gas Lease No. L = 379
				mminimm.
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.)				7, Unit Agreement Name
OIL GAS WELL WELL	OTHER-			8. Farm or Lease Name
2. Name of Operator Elk Oil Company				Anderson State
3. Address of Operator				1 9. Well No.
P. O. Box 310, Roswell, New Maxico 88201				10. Field and Pool, or Wildcat
4. Location of Well			22.3	Sandle Mandan Outline Com
UNIT LETTER		THE ROYTH	LINE AND 900 FEET F	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT
	IE, SECTIONT	OWNSHIP 1/15	RANGENM	PM.
	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	tion (Show whether DF	RT GR etc.)	12. County
XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	11111111111111111111111111111111111111	4075 920	, 11, 511, 5101,	Lea
ŽIIIIIIII	711111111		()	
	Check Appropriate Box E OF INTENTION TO:	To Indicate Nat	ure of Notice, Report or SUBSEQUE	Other Data ENT REPORT OF:
			<u></u>	ALTERING CASING
PERFORM REMEDIAL WORK	PLU		EMEDIAL WORK	PLUG AND ABANDONMENT
TEMPORARILY ABANDON			OMMENCE DRILLING OPNS. ASING TEST AND CEMENT JQB	PEGG AND ADARDONIMON
PULL OR ALTER CASING	CHA	NGE PLANS		
			OTHER	
OTHER				
17. Describe Proposed or Com	pleted Operations (Clearly st	ate all pertinent details	, and give pertinent dates, inclu	ding estimated date of starting any proposed
work) SEE RULE 1103.				
On October 17 Cement circula	, 1976 spud well. ated. WCC lo bour	Cam 273' of s, pressure to	12 1/12 On the Will castr ostal to 1971 for 21	o, catl with 250 sx. Frin, Test OH.
On October 24 DV tool 0 210 1500#, Test 0	D', cata with Too	g i s∕d' he s sx, com at ci	(M. and OAM cosing, c rouleted. The Property	ertd bottom with 200 sx, ers, pressure tested to
	nformation above is true and o	complete to the best of	my knowledge and belief.	
18. I hereby certify that the i	mormation above is true and t		-	
	/1/	D,	resident	DATE 11/3/76
SIGNED	- May	TITLE	E2 INGIL	
	Orig. Styped by			NOV : : :
<i>y</i>				DATE
		TITLE		

CONDITIONS OF APPROVAL, IF ANY:

OIL OF WIREHAM