Submit 3 Copies

1. Type of Weil:

4. Well Location

11.

OTHER:

WELL X 2. Name of Operator

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON PULL OR ALTER CASING

State of New Mexico Energy, punerals and Natural Resources Department

Form C-103 Davis d 1 1 90

to Appropriate District Office

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District Office		ooodidoo Dopalaniin	Revised 1-1-59
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 P.O. Box 2088		WELL API NO.	
		30-025-28009	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
			K-4670
	ICES AND REPORTS ON WE		
DIFFERENT RESE	IOPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PE C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name
I. Type of Well: OIL GAS GAS	1		
Ment X Ment C	OTHER		State DY
2. Name of Operator ELK OIL COMPANY			8. Well No.
. Address of Operator			9. Pool name or Wildcat
Post Office Box 310,	Roswell, New Mexico 8820	2-0310	Baum Upper Penn
. Well Location			
Unit Letter $K : 19$	53 Feet From The West	Line and198	60 Feet From The South Line
Section 19	Township 13S Ra	inge 33E	NMPM Lea County
	10. Elevation (Show whether		NMPM Lea County
	429	2.8' GR	
ı. Check	Appropriate Box to Indicate 1	Nature of Notice, Ro	eport, or Other Data
NOTICE OF IN	FENTION TO:	SUB	SEQUENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
JLL OR ALTER CASING		CASING TEST AND CE	MENT JOB
THER:		OTHER:	
Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent details, an	d give pertinent dates, includ	ling estimated date of starting any proposed
P	ropose to plug and abandor	n well as follows:	
(1 (2	e) Set 100' plug at 6550'.	nent at 9550'.	
(3			
(4			
(5	. 0,		. •
(6	, ,	•	
	100 @ 1500	about	lop of salt
hereby certify that the information shove is tribe	and complete to the best of my knowledge and b	elief.	<u> </u>
	1	Prosident	0.2/04/07

I hereby certify that the information above is true and complete to the best of my knowled	DATE 02/04/97	
TYPE OR PRINT NAME Joseph J. Kelly		ТЕЦЕРНОМЕ NO. 505/623-3190
(This space for State Use) ORIGINAL MOMED BY JERRY SEXTON DISTRICK I SUPERVISOR CONDITIONS OF APPROVAL, IF ANY:	- πτε	FEB 12 1097



