	200 New Mi		Form C-103
Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural R		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, P	1.0. DOX 20	88	WELL API NO. 30-025-29144
DISTRICT II P.O. Drawer DD, Artesia	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Az	ziec, NM 87410		6. State Oil & Gas Lease No. R-8772
	UNDRY NOTICES AND REPORTS ON WE	LLS	
(DO NOT USE THIS	FORM FOR PROPOSALS TO DRILL OR TO DEEPEN FERENT RESERVOIR. USE "APPLICATION FOR PE (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Elkan 6 Com
1. Type of Well: Off. WELL &	GAS WELL OTHER		
2. Name of Operator	INC. COMPANY		8. Well No.
MWJ PRODUCE 3. Address of Operator			9. Pool name or Wildcat
400 W., Ill	linois - Suite 1100 Midlan	d, Texas 7970	l East Ranger Lake (Cisco)
4. Well Location			
Unit Letter	L : 1650 Feet From The south	Line and 990	Feet From The WEST Line
Section 6	Township 13S R	ange 35E	NMPM Lea County
//////////////////////////////////////	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
	//////////////////////////////////////		
11. NO T	Check Appropriate Box to Indicate FICE OF INTENTION TO:	Nature of Notice, R	Report, or Other Data SSEQUENT REPORT OF:
PERFORM REMEDIAL	WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANI	DON CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT K
PULL OR ALTER CAS	ING	CASING TEST AND C	EMENT JOB
OTHER:		OTHER:	
12. Describe Proposed of work) SEE RULE 1	or Completed Operations (Clearly state all pertinent details, 1103.		
11/21/89:	Set CIBP @ 9960'. Loaded	hole and mixe	ed mud. Pumped 10 sx of
11/22/89:	Class "C" cement on top of Pulled casing. Set 40 sx	plug. Cut	5-1/2" casing @ 7494'.
11/27/89:	Tagged plug @ 7364'. Mixe Gell mud. Set 40 sx cmt p WOC. Tagged plug @ 4165'.	olug @ 5800'.	rc'd hole w/242 sx of SW Set 50 sx cmt plug @ 4320 plug @ 400'. Set 10 sx cmt
12/4/89:	plug @ surface. Cut off and welded on dry		

hereby certify that the information above to true and complete to the best of my knowled	ge med beliefmre_Pat Drexler-Agent	DATE _12/4/89
THE OR PRINT NAME		TELEPHONE NO.

(This space for State Use)

VOONDITIONS OF APPROVAL, IF ANY: