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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 checked="" type="checkbox"/>
5. State Oil & 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator ELK OIL COMPANY		8. Farm or Lease Name MARIE STATE COMM
3. Address of Operator P O Box 310, Roswell, New Mexico 88201		9. Well No. 1
4. Location of Well UNIT LETTER <u>J</u> <u>2086</u> FEET FROM THE <u>South</u> LINE AND <u>2086</u> FEET FROM <u>East</u> <u>5</u> LINE, SECTION <u>15S</u> TOWNSHIP <u>34E</u> RANGE <u>34E</u> NMPM. THE <u>East</u> LINE, SECTION <u>5</u> TOWNSHIP <u>15S</u> RANGE <u>34E</u> NMPM.		10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4120.9		12. County IFA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Change casing plan on surface and intermediate

SURFACE from 12-3/4 to 13-3/8

INTERMEDIATE from 8-5/8 to 9-5/8

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

SIGNED [Signature] TITLE President DATE 5/23/74

Orig. Signed by
Joe D. [Signature]

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: