Submit 3 Copies to Appropriate District Office

APPROVED BY --

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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OII CONSEDUATION DIVISION

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088		WELL API NO.	
DISTRICT II	Santa Fe, New Mexico		30-025-24801	
P.O. Drawer DD, Artesia, NM 88210		0.501.500	5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. 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 RESER	IVOIR. USE "APPLICATION FOR PE		7. Lease Name or Unit Agreement Name	
1. Type of Well:	101) FOR SOCH PROPOSALS.)			
OIL GAS WELL	OTHER		Marie State Comm	
2. Name of Operator ELK OIL COMPANY			8. Well No. #2	
3. Address of Operator			9. Pool name or Wildcat	
Post Office Box 310, Ros	swell, New Mexico 88202	2-0310	Tres Papalotes Penn	
	Feet From The West	Line and 188	30 Feet From The South Line	
		Line and	Feet From The South Line	
Section 5	Township 15 South R. 10. Elevation (Show whether	ange 34 East	NMPM Lea County	
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	4126.3 GR	Dr, KAB, KI, GK, Elc.)		
11. Check A	Appropriate Box to Indicate	Nature of Notice Re	enort or Other Data	
NOTICE OF INT	ENTION TO:	4	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON			
	_	REMEDIAL WORK		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	_	CASING TEST AND CEMENT JOB		
OTHER:		OTHER:		
12. Describe Proposed or Completed Operation	ions (Clearly state all pertinent details, as	nd give pertinent dates, includ	ling estimated date of starting any proposed	
work) SEE RULE 1103.				
	there is the			
March 9, 1992: Rig up Pulling Unit, trip out of hole with rods and				
tubin DRD	g. Perforate from 10,09 and Packer. Set RBP	95-10,102 (15 hole	s). Trip in hole with	
with	1000 gals 20% NeFe acid	. Swabbed load pl	r @ 10,050. Acidize	
with 1000 gals 20% NeFe acid. Swabbed load plus 100 bbls formation water. Trip out of hole with RBP and Packer. Prepare to plug				
and a	bandon.			
I hereby certify that the information above/is true:	and complete to the best of my knowledge and	belief		
		Describent	04/14/02	
SIGNATURE		Tresident	DATE04/16/92	
TYPE OR PRINT NAME Jose	ph J. Kelly		TELEPHONE NO. (505)623-319	
(This space for State Use)				
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