## State of New Mexico nd Natural Resources Department

Form C-103 Revised March 25, 1999

DISTRICTI		OIL CONSERV	ATION DIVIS	SION							
1625 N. Franch Dr., Hobbs, NM 88240 2040 South Pacheco Santa Fe, New Mexico 87505				WELL API NO. 30-025-2	4924						
DISTRICT II 811 S. First Street, Artesia, I	'M 88210				5. Indicate Type of		TATE	X	FEE		
DISTRICT III  1000 Rio Brazos Rd., Aztec	NM 87410				6. State Oil & Gas L-3556	Lesse No.		<del></del>			
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"						Juit Agmement Na	me				
1. Type of Well: OIL WELL X	GAS WELL	OTHER	)		STATE FU						
. Name of Operator	ELK OIL COMPAN	ΙΥ			8. Well No.						
3. Address of Operator POST OFFICE BOX 310, ROSWELL, NEW MEXICO 88202-0310					1	9. Pool Name or Wildoxt AIRSTR!P BONE SPRINGS					
4. Well Location Unit Letter		980 Feet From The	·		980	Feet From	·		/EST	Line	
Section 25	Township	18 SOUTH		24	EAST	<del></del>					
Sactor 20	1 ownsnip	10. Elevation (Sh	now whether DF, RKB, F		EASI	NMPM	LEA		County		
11.	Che	ck Appropriate Box	3969' GR to Indicate Na	ture of Notice, F	Report, or Othe	r Data					
NO	TICE OF INTENTIO				SUBSEQUE		T OF:				
PERFORM REMEDIAL W	ORK	PLUG AND ABANDON		REMEDIAL WORK	[	ALTE	RING CASI	NG			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING					ING OPNS.	PLUG	AND ABAI	NDONME	1T	X	
PULL OR ALTER CASING		MULTIPLE COMPLETION	4	CASING TEST AND	CEMENTJOB [						
OTHER:				OTHER:							
12. Describe Proposed or SEE RULE 1103. For	Completed Operations (Clearly	state all pertinent details, and ellbom diagram of proposed com	give pertinent dates, in	cluding estimated date of	starting any proposed v	vozk)		-			
		WELL AS FOLLO									
7/23/98: Set CIBP at 10,100' - dump 10 sxs on top.											
· ·	1										
' <del>-</del> '	1										
•	65 sxs at 2,051' -										
	· · · · · · · · · · · · · · · · · · ·										
•	ed 10# mud betwe										
	ll dry hole marker.	en an plags.									
I hereby certury that the unfor	nation above is true and compl	te to the best of my knowiedge	and belief.								
SIGNATURE		?	TITLE PRES	SIDENT		****	DATE	7/2	25/00		
TYPE OR PRINT NAME	JØSEPH	J. KELLY			T	ELEPHONE NO	).	505-62.	3-3190		
(This space for State Use)	0 0		E.			-2-					
APPROVED BY	Lynny Koli	inda	TITLE	<del></del>	<del> </del>		DATE	-			
V	#1 Btry h	as # 6 well									

All

