

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-26410

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-3556

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. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

ELK OIL COMPANY

3. Address of Operator

Post Office Box 310, Roswell, New Mexico 88202-0310

4. Well Location

Unit Letter N : 960 Feet From The South Line and 1980 Feet From The West Line

Section 25 Township 18 South Range 34 East NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3967.5 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

Propose to plug and abandon well as follows:

- (1) Set CIBP with 35' cement at 5750'.
- (2) Set 100' plug inside 5½", 50' in / 50' out at 3999'.
- (3) Set 100' plug inside 5½" casing at top of Salt at 2000'.
- (4) Cut and recover 900' of 5½" casing.
- (5) Set 100' plug 50' in / 50' out at casing stub.
- (6) Set 10 sxs at surface plug.

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

SIGNATURE Joseph J. Kelly

TITLE President

DATE 6/4/96

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY JOSEPH J. KELLY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 14 1996