

To **BUDDY HILL**
 Company **OCD**
 Location
 Fax # **(505) 393-6720**
 Comments

No. of Pages **4** Today's Date **12/2/96** Time
 From **JOSEPH KELLY**
 Company **ELK OIL COMPANY**
 Location **ROSWELL, NM** Dept. Charge
 Fax # **(505) 623-5001** Telephone # **(505) 623-3770**
 Original Disposition: ☐ Destroy ☐ Return ☐ Call for pickup

GENTLEMEN:
AS PER YOUR REQUESTED - PLEASE FIND REQUESTED
INFO ON THE STATE IA #1 WELL. THANK YOU.

Submit 3 Copies
 to Appropriate
 District Office

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-163
 Revised 1-1-89

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

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

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

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

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.)		WELL API NO. 30-025-28898
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐		5. Indicate Type of Lease STATE ☒ PER ☐
2. Name of Operator ELK OIL COMPANY		6. State Oil & Gas Lease No. LC-1085
3. Address of Operator Post Office Box 310, Roswell, New Mexico 88202-0310		7. Lease Name or Unit Agreement Name
4. Well Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line Section 36 Township 18 South Range 34 East NMPM Lea County 10. Elevation (Show whether DP, REB, RT, GR, etc.) 3974.6' GR		8. Well No. 1
		9. Pool name or Wildcat Airstrip Bone Springs

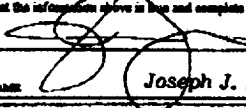
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
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 Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

SEE ATTACHED REPORT.

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

SIGNATURE  TITLE **President** DATE **12/02/96**
 TYPE OR PRINT NAME **Joseph J. Kelly** TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ DATE **DEC 03 1996**
 COMMENTS OF APPROVAL, IF ANY: