

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

811 S. First Street, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, New Mexico 87505

WELL API NO.

30-025-28635

5. Indicate Type of Lease

STATE



FEE



6. State Oil & Gas Lease No.

E-5014

7. Lease Name or Unit Agreement Name

STATE NM

8. Well No.

1

9. Pool Name or Wildcat

AIRSTRIIP UPPER BONE SPRING

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

GAS

WELL



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 B 672 Feet From The NORTH Line and 1980 Feet From The EAST LineSection 35 Township 18 SOUTH Range 34 EAST NMPM LEA County

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

3977.5' 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

INTEND TO PLUG AND ABANDON WELL AS FOLLOWS:

SET CIBP AT 10,200' WITH 35' CEMENT.

SET CIBP AT 9,100' WITH 35' CEMENT.

SET 100' PLUG INSIDE 5 1/2" CASING AT 6,100'.

SET 100' PLUG INSIDE 5 1/2" CASING AT 4,058' (8 5/8 SHOE).

SET 100' PLUG INSIDE 5 1/2" CASING AT 2,000' (TOP OF SALT).

SET 10 SXS SURFACE PLUG.

9.5 to 10.0 lbs salt mud between plugs

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

SIGNATURE

TITLE

PRESIDENT

DATE

5/29/98

TYPE OR PRINT

NAME

JOSEPH J. KELLY

TELEPHONE NO.

505-623-3190

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: