State of New Mexico Natural Resources Department

Form	Ç-	10	13	
Review	-4	1_	,	

to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT 2040 South Pacheco P.O. Box 1980, Hobbs, NM 88241-1980 WELL API NO. Santa Fe, New Mexico 87505 30-025-28748 DISTRICT II Indicate Type of Lease 811 S. First Street, Artesia, NM 88210 STATE X FEE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 L-3674 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) . Type of Well: OIL GAS WELL WELL STATE HO Name of Operator 8. Well No. ELK OIL COMPANY 9. Pool Name or Wildcan POST OFFICE BOX 310, ROSWELL, NEW MEXICO 88202-0310 AIRSTRIP SAN ANDRES 4. Well Location 1980 Feet From The Unit Letter SOUTH Line and 1980 WEST Line Feet From The 26 18 SOUTH Section 34 EAST LEA Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3987.4' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: X PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARII.Y ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING 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 5600' WITH 35' CEMENT. SET 100' PLUG INSIDE 5 1/2" CASING AT 4050' (50 IN / 50 OUT) 8 5/8 SHOE. SET 100' PLUG INSIDE 5 1/2" CASING AT 2000', TOP OF SALT. SET 10 SXS SURFACE PLUG. THE COMMISSION WUST BE NOTIFIED 24 HOURS PRIOR TO THE BURNING OF PLUGGING OPERATIONS FOR THE CHOS TO SE APPROVED I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE . PRESIDENT 7/1/98 JOSEPH J. KELLY TYPE OR PRINT 505-623-3190 TELEPHONE NO. OR GINAL SIGNED BY (This space for State Use) CARY WINK

MELD REP H

TITLE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

DATE UL 1 6 1996

