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HOBBS OFFICE D. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
FEB 15 11 50 AM '67

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. OG 1049
7. Unit Agreement Name
8. Farm or Lease Name State KA
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County Lea

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator ELK OIL COMPANY
3. Address of Operator Box 310, Roswell, New Mexico
4. Location of Well UNIT LETTER <u>L</u> <u>660</u> FEET FROM THE <u>West</u> LINE AND <u>1980</u> FEET FROM THE <u>South</u> LINE, SECTION <u>15</u> TOWNSHIP <u>17S</u> RANGE <u>36E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3848 GL

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

A 11" hole was drilled to 4410. On 1-16-67 new 8 5/8 24# and 32# casing was set at 4410 and cemented with 200 sx 5% gel + 100 sx neat. On 1-17-67 after 18 hours WOC the pipe was tested with 1000 psi for 30 minutes without bleed off.

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

SIGNED K. D. McPeters TITLE Agent DATE 2-13-67
K. D. McPeters

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: