

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.

30-025-27766

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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

7. Lease Name or Unit Agreement Name

Elkan

8. Well No.

1

9. Pool name or Wildcat

Scharb Bone Springs

4. Well Location

Unit Letter K : 1980 Feet From The South Line and 2180 Feet From The West Line

Section 9

Township 19S

Range 35E

NMPM

Lea

County

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

3806' 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 at 9500' and dump 35' cement on top.
- (2) Set 100' plug inside 5½ at 6500'.
- (3) Cut and recover 3400' of 5½ casing.
- (4) Set 100' plug, 50' in 50' out 5½ stub at 3400'.
- (5) Spot 25 sxs at Salt Top at 2000'.
- (6) Set 100' plug inside 11 3/4 at 450'.
- (7) Spot 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

06/03/96

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 14 1996