Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

OH CONSEDUATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240		P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO. 30-025-28370  5. Indicate Type of Lease		
DISTRICT II P.O. Drawer DD, Artesia, NM 882	Sar						
DISTRICT III				STATE FEE X			
1000 Rio Brazos Rd., Aztec, NM 87410				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"				7. Lease Name or Unit Agreement Name			
(FC		CH PROPOSALS.)	ERMIT				
I. Type of Well: OIL AS WELL X WEL	ı 🗌	OTHER		Elkar	1		
2. Name of Operator  ELK OIL COMPA	NY			8. Well No.			
. Address of Operator	·· - · · · · · · · · · · · · · · · · ·			9. Pool name or	Wildcat		
Post Office Box 3.  Well Location	10, Roswell, N	New Mexico 882	02-0310	Schai	rb Bone Springs		
_	1980 Feet From	The South	Line and198	30 Feet From	n TheEast	Line	
Section 9	Township	. 10C P			_	<b>a</b>	
7//////////////////////////////////////	//////////////////////////////////////	195 R Elevation (Show whether	DF, RKB, RT, GR, etc.)	NMPM	Lea (	County	
		3833.4	6' GR		<u> </u>		
			Nature of Notice, Re	•			
NOTICE OF		·	SUB	SEQUENT F	REPORT OF:	_	
ERFORM REMEDIAL WORK	PLUG A	ND ABANDON X	REMEDIAL WORK		ALTERING CASING	L	
EMPORARILY ABANDON	CHANG	E PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDONN	IENT _	
JLL OR ALTER CASING			CASING TEST AND CE	MENT JOB			
THER:			OTHER:				
Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly sta	ate all pertinent details, a	nd give pertinent dates, includ	ing estimated date of	f starting any proposed	,	
	Propose to	plug and abando	on well as follows:				
	(1) Set 10	10' phia inside 7	" casing at 6500'.				
		IBP with 35' cei					
			" casing, 50 in/50 c	out at 4150'.			
			" casing at top of S				
	(5) Spot 1	10 sxs at surface	e plug.				
	/	A	25.	~ ~ .	/ - 1		
•	1-1000	ement pca	to on CIE	3Pw/35	of course	$\Sigma$	
u	viruin.	100'05 7-2	+	r	130		
			Lay E			<del></del>	
hereby certify that the information above	is true and complete to the	se nest or my knowsedge and	President	_	06/02/0	c	
KONATURE TO SOUTH TO	Wolle.	m	E	•	DATE	<u> </u>	
Joseph J.	куену 				TELEPHONE NO.	<del>-</del>	
This space for State Use)					mm 4	1 400	
		•			JUM 1	• 53	
PPROVED BY			E		DATE		
ONDITIONS OF APPROVAL, IF ANY:		4 *					