			e la		/	
Form 3160-5 (November 1994)		UNITED STATES PARTMENT OF THE IN UREAU OF LAND MANAG	/ 01	ORM APPROVED MB No. 1004-0135 pires July 31, 1996		
P	SÚNDR	NMSF-0780				
d	Do not use th	HEUEIV	<u> </u>			
U	abandoned well	6. If Indian, All	ottee or Tribe Name			
	e in constituent de place des est) tor such proposal	DO MAD OH M	4 11: 50	
SUI	BMIT IN TRIPL	ICATE – Other instr	uctions on reve	rse side _{lingto}	7. If Unit or CA	/Agreement, Name and/or No.
1. Type of Well		<u>and the control person to be a light to f</u>		1.0.1 0.11 10.00	Central Bisti	I Init
X Oil Well	Gas Well	8. Well Name and No.				
2. Name of Oper	ator	Central Bisti				
Elm Ridge Re	sources, Inc.				9. API Well No.	
3a. Address			3b. Phone No. (inclu	ide area code)	30-045-0559	
PO Box 189 F	armington, NM 8	37499	505-632-3476	10770		ol, or Exploratory Area
4. Location of W	ell (Footage, Sec., T.,	R., M., or Survey Description)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 VII 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Bisti Lower G	•
660' FSL & 19		. ,		A (-3)	11. County or Pa	·
Sec. 31-T26N	-R12W		MA	P 200 =	Tr. County of Tu	ish, state
			RO	20/13	San Juan, Ne	ew Mexico
12. CHECK APP	ROPRIATE BOX(E	S) TO INDICATE NATURE	OF NOTICE, REPOR	T, OR OTHER DA	ATA	
TYPE OF SUI	BMISSION	TYPE OF ACTION	E.	7		
Notice of Inte	nt	Acidize Alter Casing	Deepen S. Fracture Treat	Production Reclamation	(Start/Resume)	Water Shut-Off
Subsequent R	eport	Casing Repair	New Construction	Recomplete		Well Integrity Other
Final Abandon	nment Notice	Change Plans	Y Plug and Abandon			
		Convert to Injection	Plug Back	Water Dispo		
Attach the Bond Following complete Testing has been	under which the work	ons (clearly state all pertinent deta or recomplete horizontally, give s will be performed or provide the rations. If the operation results in indonment Notices shall be filed of tion.)	Bond No. on file with BL	M/BIA. Required sub	al depths of all pert sequent reports shall	inent markers and zones. be filed within 30 days
Elm Ridge Res	ources, Inc. is so	cheduled to have this we	ell plugged by the e	nd of April 2003	š.	

Certified Reti	irn Receipt# 7001	1940 0002	1375 7320				
14. I hereby cert	ify that the foregoing is t	rue and correct					
Name (Printed/Typed)					:	•	
Trudy Grubelnik,					Production Technician		
Signature	Mudy 1	Muse	X//	Date March 18, 2003			
2000 1000 1000 1000 1000	(1)		THIS SPACE F	OR FED	ERAL OR STAT	IEUSE .	
Approved by					Title	Date	
which would entitle	oval, if any, are attached. icant holds legal or equit the applicant to conduct	able title to those operations there	e rights in the subjection.		ACCEPTED FOR RECORD		
Title 18 U.S.C. Sec traudulent statemen	ction 1001, makes it a cri us or representations as i	me for any person to any matter wi	on knowingly and unit its juristiction	willfully n.	to make to any de	partment or agency of the United States any false, fictitious or	

(Instructions on reverse)

NMOCD

FARa.....