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	UNITED STATES ARTMENT OF THE INT		FEB 08 2	FORM APP OMB No. 10 Expires July	04-0135
	REAU OF LAND MANAGI		FED 002		10 11mg11
SUNDRY I Do not use this	NOTICES AND REPORT form for proposals to	S ON WELLS	Fragungton Fiel	NMNM92436 //	Tribe Name
abandoned well.	form for proposals to Use Form 3160-3 (APD)	for such prop	asais of Land Wit	Magerine, Alleher and	The Name
				7. If Unit or CA/Agreen	uent Name and/or No
·	ICATE – Other instru	ctions on rev	erse side	NMNM93035	man, ranc and or ro.
1. Type of Well				8. Well Name and No.	192436
Oil Well X Gas Well Other 2. Name of Operator Other				Buena Suerte 33 G Com 1	
Elm Ridge Exploration CO LLC				9. API Well No.	
3a. Address	3b. Phone No. (include area code)		30-045-29100		
PO Box 156, Bloomfield NM 87413		505-632-3476 x 201		10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description))		Basin Fruitland Coal	
1675' FNL X 2230' FEL			11. County or Parish, St	ate	
"G" - Sec.33-T26N-R11W				San Juan County, NM	
12. CHECK APPROPRIATE BO	X(ES) TO INDICATE NAT	URE OF NOTIC	E, REPORT, OR O	THER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				
Notice of Intent	Acidize	Deepen Fracture Treat			ater Shut-Off ell Integrity
Subsequent Report	Casing Repair	New Construc			her
	Change Plans	Plug and Aba	ndon 🔲 Temporari	ly Abandon	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Dis	posal	
If the proposal is to deepen directionally Attach the Bond under which the work. Following completion of the involved op Testing has been completed. Final Ab determined that the site is ready for final inspe-	will be performed or provide the F erations. If the operation results in andomment Notices shall be filed o ction.)	Bond No on file with a multiple completion ruly after all requirem	BLM/BIA. Required sul or recompletion in a new	bsequent reports shall be filed w interval, a Form 3160-4 sha	l within 30 days All be filed once
This well has been returned	to production on 1-3-1	3.			RCVD FEB 13 '13 OIL CONS. DIV.
					DIST. 3
/	/				
14 Thomshur and Graderich C					
14. I hereby certify that the foregoing Name (Printed/Typed)	is the and correct	Title			
	lackey		Sr. Regu	latory Supervisor	
Signature		Date	Г.ь. Г.ь.		AFMSS
/_/	THIS CDACE			uary 6, 2013	
Approved by		FOR FEDERAL C		Date	<u>FEB 1 3 2013</u>
Approved by		The		Date	IL
Conditions of approval, if any, are attached certify that the applicant holds legal or equ which would entitle the applicant to conduc	itable title to those rights in the su		79710 8778 av	I	
Title 18 U.S.C. Section 1001, makes it	a crime for any person knowing		ake to any department	or agency of the United Sta	ates any false, fictitious or
fraudulent statements or representations	as to any matter within its jurise	diction.			
(Instructions on reverse)					

NMOCD Ca

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