Form 3160-5 UNITED STATE (November 1994) DEPARTMENT OF THE BUREAU OF LAND MAN SUNDRY NOTICES AND REPO Do not use this form for proposals abandoned well. Use Form 3160-3 (A	AGEMENT DRTS ON WELLS COT 25 200 to drill or reenter an	FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996 5. Lease Serial No. NM80507 6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE - Other ins	tructions on reverse side	7. If Unit or CA/Agreement, Name and/or N
 Type of Well Oil Well Gas Well Other 		8. Well Name and No.
2. Name of Operator		South Bisti 30-N
Elm Ridge Exploration CO LLC		9. API Well No.
3a. Address	3b. Phone No. (include area code)	30-045-28078
PO Box 156, Bloomfield, NM 87413	505-632-3476 x201	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Desc 660 FSL x 2520 FWL	ription)	Bisti Lower Gallup 11. County or Parish, State
		San Juan County, NM
<u>"N" - Sec.30-T26N-R13W</u>		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE 1		HER DATA
TYPE OF SUBMISSION TYPE OF ACTIC)N	
X Notice of Intent Acidize Deepen Production (Start/Resume) Water Shut-Off Subsequent Report Alter Casing Fracture Treat Reclamation Well Integrity Casing Repair New Construction Recomplete Other Closed Loop Change Plans Plug and Abandon Temporarily Abandon System Notice		
If the proposal is to deepen directionally or recomplete horizontally, a Attach the Bond under which, the work will be performed or provide Following completion of the involved operations. If the operation result Testing has been completed. Final Abandonment Notices shall be f determined that the site is ready for final inspection.) EIM Ridge Exploration Co LLC Plans to use a C	the Bond No on file with BLM/BIA. Required sub Its in a multiple completion or recompletion in a new iled only after all requirements, including reclamation,	sequent reports shall be filed within 30 days interval, a Form 3160-4 shall be filed once have been completed, and the operator has
	OIL CONS. DIV DIST. 3	Accepted for record
	NOV 05 2013	CCT 3 0 2013
$\bigwedge \Lambda$		FARMINTON FIELD OFFICE DV_William_TambeKou
14. I hereby certify that the foregoing is true and correct		
Name (Printed/Typed)	Title	
Amy Mackey	Date Sr. Regu	latory Supervisor
Signature ////		ber 24, 2013
THIS SPA	CE FOR FEDERAL OR STATE USE	
Approved by	Title	Date
Approved by Conditions of approval, if any, are attached. Approval of this notice doe certify that the applicant holds legal or equitable title to those rights in t which would entitle the applicant to conduct operations thereon.	Title s not warrant or Office	Date
Conditions of approval, if any, are attached. Approval of this notice doe certify that the applicant holds legal or equitable title to those rights in t	Title S not warrant or he subject lease Office Nowingly and willfully to make to any department	

