SUNI Do not use	UNITED STATES DEPARTMENT OF THE INT BUREAU OF LAND MANAGE DRY NOTICES AND REPORTS this form for proposals to	EMENT S ON WE drill or	ELLS reenter		01 6. 1	ON Ex Cease Serial	SE 078362		
abandoned well. Use Form 3160-3 (APD) for such proposals. Bureau of Land Merch SUBMIT IN TRIPLICATE – Other instructions on reverse side						で、 う、「If Unit or CA/Agreement, Name and/or N このでの			
1. Type of Well X Oil Well ☐ Gas Well						8. Well Name and No.			
2. Name of Operator						Rincon #14			
Elm Ridge Exploration Co LLC						9. API Well No.			
3a. Address 3b. Phone No. (include area code)						30-039-24687			
PO BOX 156 Bloomfield, NM 87413 505-632-3476						10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)						Lybrook Gallup			
"C" Sec. 11-T23N-R7W						11. County or Parish, State			
370' FNL X 1660' FWL						Rio Arriba County, NM			
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OT									
· · · · · · · · · · · · · · · · · · ·		URE OF I	NOTICE, RE	PORT, OR	OTHER	DATA		<u></u>	
TYPE OF SUBMISSION	TYPE OF ACTION								
X Notice of Intent	Acidize	Deepe	en	Product	ion (Start	/Resume)	Water Shut-Off		
—	Alter Casing		ire Treat	Reclama			Well Integrity		
Subsequent Report	Casing Repair		Construction			a	Other		
Final Abandonment Notice Change Plans Plug and Abandon Temporaril						ndon			
If the proposal is to deepen dire Attach the Bond under which the Following completion of the invol Testing has been completed. Fi determined that the site is ready for fir Elm Ridge Exploration (Co LLC has returned this we	bsurface loca ond No on a multiple c ly after all	ations and measu file with BLM/E completion or reco requirements, inc	red and true ve 3IA. Required ompletion in a cluding reclamati	ertical depti subsequent new interva ion, have	hs of all per reports shall al, a Form 3	tinent markers and zone be filed within 30 day 160-4 shall be filed one	v Dist. 3	
14. I hereby certify that the for	egoing is true and correct	Title							
	Name (Printed/Typed) Title Sr. Regulatory Supervisor								
Signature Date									
						nber 2, 2013			
		OR FEDE	RAL OR ST	ATE USE		VERINE Z			
Approved by			Title			Date			
certify that the applicant holds legal which would entitle the applicant to		ject lease	Office				-		
	akes it a crime for any person knowin ntations as to any matter within its jur		Ilfully to make	to any depart	ment of	Cooy pf th	E Brited States any	false, fictitious or	
(Instructions on reverse)			101000		FAF		C - 2 2013		
NMOCD						FARMINGTON FIELD OFFICE			

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