Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Revised August 1, 2011
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Winterars and Natural Resources	WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-045-27764  5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		E-65972-2
(DO NOT USE THIS FORM FOR PROPOS	CES AND REPORTS ON WELLS  ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  ATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Bisti Coal 16
	Gas Well Other	8. Well Number 2
Name of Operator     Elm Ridge Exploration CO LLC		9. OGRID Number
3. Address of Operator		10. Pool name or Wildcat
Po Box 156, Bloomfield NM 87413		Fruitland coal
4. Well Location		
Unit Letter_K :_ 1980feet from theSouth line and 1850feet from theWest line		
Section 16	Township 25N Range 12W NMPM 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	San Juan County
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	FENTION TO:   SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	<del>-</del>
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS COMMENCE DI MULTIPLE COMPL CASING/CEMEI	RILLING OPNS.□ PAND A □ NT JOB □
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER: Retur	n to production
	eted operations. (Clearly state all pertinent details, a	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
Elm Ridge Exploration CO LLC had returned the above well back to production as of 12-24-13.		
		RCVD FEB 12'14
		OIL CONS. DIV.
		DIST. 3
Spud Date:	Rig Release Date:	
Spud Date.	Nig Release Date.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TITLE _Sr. Regulatory Supervisor DATE 2-7-14		
Type or print nameAmy Mackey E-mail address: _amackey1@elmridge.net PHONE: 505-632-3476 ext. 201 For State  Use Only		
APPROVED BY:	FOR RECORD TITLE	DATE FEB 2 7 2014
Conditions of Approval (if any):	₩ <u></u>	VAIL