Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-045-27764
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE □
1000 Rio Brazos Rd., Aztec, NM 87410 <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
SUNDRY NOTION (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
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 and1850feet from theWest line		
Section 16	Township 25N Range 12W NMPM 11. Elevation (Show whether DR, RKB, RT, GR, e	San Juan County
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON	<u> </u>	RILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEME	ENT JOB
BOWN TOLE COMMUNICIE		
OTHER:	OTHER: Retu	rn to production
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date 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 12'1.4
		OIL CONS. DIV.
		DIST. S
Spud Date:	Rig Release Date:	
	rag release bate.	
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		
ACCEPTED	FOR RECORD	DATE FEB 2 7 2014
APPROVED BY:Conditions of Approval (if any):	TITLE /	DATE I LD Z / ZOIT