Form 3160-5 (November 1994)

## UNITED STATES 2

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FORM APPROVED

| (November 1994) DEI   | PARTMENT OF THE IN   | NTERIOR .   | OMB No. 1004-0135<br>Expires July 31, 1996  |
|---|--|---|---|
| BU  | IREAU OF LAND MANAO  | GEMENT  | 5. Lease Serial No.   |
| SUNDRY  | 2014 14-20-5578  |   |   |
| Do not use this   | form for proposals t   | o drill or reenter an 🖘   | 6. If Indian, Allottee or Tribe Name  |
| abandoned well.   | Use Form 3160-3 (API   | )) for such proposals.  | Navajo  |
|   |  | uctions on reverse side   | anag ว้า เรียกit or CA/Agreement, Name and/or N   |
| 1. X Oil Well Gas Well Other  |  |   | 8. Well Name and No.  |
| 2. Name of Operator   |  |   | Adelaide Hixon # 1  |
| ELM RIDGE EXPLORATIO  | N CO LLC   |   | 9. API Well No.   |
| 3a. Address   |  | 3b. Phone No. (include area co  | de) 30-045-26220  |
| PO BOX 156 BLOOMFIELD NM 87413 505-632-3476 EXT 212   |  | 10. Field and Pool, or Exploratory Area   |   |
| 4. Location of Well (Footage, Sec.  | , T., R., M., or Survey Descript   | tion)   | Bisti Lower Gallup  |
| "L" sec. 22-T25N-R12W   |  |   | 11. County or Parish, State   |
| 2310' FSL x 660' FWL  |  |   | San Juan County, NM   |
| 12. CHECK APPROPRIATE BO  | X(ES) TO INDICATE NA   | TURE OF NOTICE, REPORT,   | OR OTHER DATA   |
| TYPE OF SUBMISSION  | TYPE OF ACTION   |   |   |
| Notice of Intent  | Acidize  | Deepen X Pro  | duction (Start/Resume) Water Shut-Off   |
| ₩ c. t  | Alter Casing   |   | elamation Well Integrity  |
| Subsequent Report   | Casing Repair Change Plans   | =   | complete Other  |
| Final Abandonment Notice  | Convert to Injection   |   | ter Disposal  |
| If the proposal is to deepen directional<br>Attach the Bond under which the work<br>Following completion of the involved or | lly or recomplete horizontally, give<br>will be performed or provide the<br>perations. If the operation results<br>bandonment Notices shall be filed | subsurface locations and measured and to<br>Bond No on file with BLM/BIA. Req<br>in a multiple completion or recompletion | any proposed work and approximate duration thereof.  ue vertical depths of all pertinent markers and zones,  uired subsequent reports shall be filed within 30 days  n a new interval, a Form 3160-4 shall be filed once  lamation, have been completed, and the operator has |
| The above well has returne  | d to production as of 2  | -15-14.   |   |
|   |  |   | RCVD FEB 27 '   |
|   |  |   | OIL CONS. DI  |
|   |  |   | DIST. 3   |
|   |  |   |   |

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| <b>.</b>   |        |                           |            |               |             |                     |
|--|--------|---------------------------|------------|---------------|-------------|---------------------|
| 14. I hereby certify that the föregoing is true and correct  |        |                           | ··· /      |               |             |                     |
| Name (Printed/Typed)   | Title  |                           |            |               |             |                     |
| Anly Mackey  |        | Sr. Regulatory Supervisor |            |               |             |                     |
| Signature  | Date   | Date February 18, 2014    |            |               |             |                     |
| THIS SPACE FO  | OR FEE | DERAL OR STATE USE        |            |               |             |                     |
| Approved by  |        | Title                     | Dat        | e             |             |                     |
| Conditions of approval, if any, are attached. Approval of this notice does not we certify that the applicant holds legal or equitable title to those rights in the subjection which would entitle the applicant to conduct operations thereon. |        |                           | AC         | CEPTED        | ) FOR F     | RECORD              |
| Title 18 U.S.C. Section 1001, makes it a crime for any person knowing fraudulent statements or representations as to any matter within its juris   | -      | • •                       | t or agend | y of the Unit | ed States a | ny false, fictition |
| (Instructions on reverse)  | ,      |                           |            | FEB           | 2 1 20      | 14                  |
|  |        |                           | FAR        | MHIGTO        | N FIELI     | DOFFICE             |