Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
District 1 – (575) 393-6161 Energy, Minerals and Natural Resource 1625 N. French Dr., Hobbs, NM 88240	es Revised July 18, 2013 WELL API NO.
<u>District II</u> – (575) 748-1283	20.045.20206
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No. SF-078056
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Bisti Coal 7 COM
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	8. Well Number #2
1. Type of Well: Oil Well Gas Well X Other 2. Name of Operator	9. OGRID Number
Elm Ridge Exploration Co LLC	149052
3. Address of Operator	10. Pool name or Wildcat
PO BOX 156	Basin Fruitland Coal
4. Well Location	
	and _1045' feet from the _EAST line
Section 7 Township 25N Range 1 11. Elevation (Show whether DR, RKB, RT, G	2W NMPM Sun Juan County
6260' GL	K, etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING REMEDIAL WORK ALTERING CASING	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
DOWNHOLE COMMINGLE	-
CLOSED-LOOP SYSTEM	
OTHER:	
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 has returned this well to production as of 1-30-15.	
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	RECEIVED
•	/
	FFP
	RECEIVED FEB 0 & 2015 NMOCD DISTRICT III
	NMAG-
	DISTALL
Sand Date: 11-15-1990 Pig Palage Date: N/A	KICT III
Spud Date: Rig Release Date: N/A	
	<u></u>
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Thereby certify that the information apove is true and complete to the best of my kilo wiedge and solies.	
// ///	
SIGNATURE TITLE Sr. Regulatory	SupervisorDATE2-6-15
Type or print name Amy Archuleta E-mail address:aarchuleta@eli	mridge net PHONE 505-632-3476
Type or print nameAmy Archuleta E-man address:aarchuleta@en For State Use Only	in rage-net1 11ONE303-032-34/0
ACCEPTED FOR RECORD	
APPROVED BY:IIILE	DATE
Conditions of Approval (if any):	