

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or reenter an
abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1996

JAN 20 2015

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. <input checked="" type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	*REVISED*	5. Lease Serial No. Jic 360
2. Name of Operator ELM RIDGE EXPLORATION CO LLC		6. If Indian, Allottee or Tribe Name Jicarilla Apache
3a. Address PO BOX 156 BLOOMFIELD NM 87413	3b. Phone No. (include area code) 505-632-3476 EXT 201	7. If Unit or CA/Agreement, Name and/or No. N/A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: "J" Sec.11-T22N-R3W 2007' FSL X 2045' FEL BHL: "P" Sec 11-T22N-R3W 660' FSL X 660' FEL		8. Well Name and No. Bonanza 15
		9. API Well No. 30-043-21187
		10. Field and Pool, or Exploratory Area Lindrith Gallup Dakota West
		11. County or Parish, State Sandoval County, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Deepen
	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other Spud Surface Casing

13. Describe Proposed or Completed Operations (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once Testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Elm Ridge Exploration Co LLC spud the above referenced well on 12-8-14. We drilled a 12 1/4" hole to 560' and ran 12 joints of 8-5/8" 24# J-55 casing to 556'. We then pumped 404 sks of Premium Class G cement. Circulated 30 bbls of good cement to surface. Pressure tested casing to 634 PSI for 30 plus minutes. Test was good. Tested BOP to 2000 PSI for 10 minutes.

RECEIVED

JAN 26 2015

ACCEPTED FOR RECORD

JAN 22 2015

FARMINGTON FIELD OFFICE
BY: D. Polch

14. I hereby certify that the foregoing is true and correct	
Name (Printed/Typed) Amy Archuleta	DISTRICT III
Signature	Sr. Regulatory Supervisor
	Date January 20, 2015

THIS SPACE FOR FEDERAL OR STATE USE

Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

NMOCDF