Form 3160-5 (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR

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

BUREAU OF LAND MANAGEMENT FEB 25 2013						5. Lease Serial No.		
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or reenter and the management of the second of						NO-G-9601-1751 63 If Indian, Allottee or Tribe Name		
abandoned well. Use Form 3160-3 (APD) for such proposals.						and		
				1:	1 "		CA/Agreement, Name and/or No.	
SUBMIT IN TRIPL	ICATE – Other instru	ıctions	on revers	e sio	le			
1. Type of Well		···				NMX	IM - 110 433	
Oil Well X Gas Well Other						8. Well Name and No.		
2. Name of Operator						Rylebart Federal # 1S		
Elm Ridge Exploration Company LLC						9. API Well N		
3a. Address Po Box 156, Bloomfield NM 87413			3b. Phone No. (include area code) 505-632-3476 x 201			30-045-30539 10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			303-032-3470 X 207			WAW Fruitland Sand Pictured Cliffs		
990' FWL X 1350' FNL						11. County or Parish, State		
"E" Sec.24-T26N-R13W						San Juan County, NM		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE	OF NOT	ICE, REPOR	Γ, OR (OTHER DA	TA		
TYPE OF SUBMISSION	TYPE OF ACTION		<u> </u>	-			*	
Notice of Intent	Acidize	Dee				Start/Resume)	Water Shut-Off	
Subsequent Report	Alter Casing Casing Repair	☐ New	ture Treat Construction		Reclamation Recomplete		Well Integrity Other	
Final Abandonment Notice	Change Plans Convert to Injection	= `	and Abandon Back	日	Temporarily . Water Dispos			
13. Describe Proposed or Completed Operat If the proposal is to deepen directional! A tach the Bond under which the work Following completion of the involved op Testing has been completed. Final Ab determined that the site is ready for final inspe	y or recomplete horizontally, give will be performed or provide the cerations. If the operation results in andonment Notices shall be filed	subsurface l Bond No. o n a multiple	ocations and mea on file with BLM completion or n	isured ar 1/BIA. ecomplet	nd true vertical Required substion in a new	l depths of all p equent reports sh interval, a Form	pertinent markers and zones. all be filed within 30 days 3160-4 shall be filed once	
This well was returned to prod	uction on 2-17-15.					RECEI MAR 0 : MPAG DISTR	2 2015 OCD	
						· · · · · · · · · · · · · · · · · · ·	- Carrier Carrier Carrier	
14. I hereby certify that the foregoing is Name (Printed/Typed)	rue and correct chuleta	Title Sr. Regu				atory Superv	visor	
Signature	V	Date	Date			ary 17, 2015		
	THIS SPACE	FOR FFI	DERAL OR ST	ATF LI		ary 17, 2010		
Approved by	into of Acc	TORTE	Title	A.L. O	<u> </u>	Date		
Conditions of approval, if any, are attached certify that the applicant holds legal or equ which would entitle the applicant to conduct	itable title to those rights in the su		Office				·	
Title 18 U.S.C. Section 1001, makes it a c fraudulent statements or representations a			to make to any	departr	nent or agenc	y of the United	States any false, fictitious or	

(Instructions on reverse)

ACCIPIED FOR RECORD

NMOCD