UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED

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USZ	NICIL	00-C-1	14 - 20-3602

SONDINI	1100-0-14-20-3002			
Do not use this form for proposals to drill or reenter an				6. If Indian, Allottee or Tribe Name
abandoned well.	. Use Form 3160-3 (APD)	for such proposals.	minn in 1d C	N/A
	•	W. W	, let i i i i i i i i i i i i i i i i i i i	77: If Unit or CA/Agreement, Name and/or No.
SUBMIT IN TRIPL	NMNM87138			
1. Gas Well Gas Well	Other			8. Well Name and No.
2. Name of Operator	Buena Suerte 4 Com 1T			
Elm Ridge Exploration CO LL	9. API Well No.			
3a. Address			area code)	30-045-32007
P.O. Box 156 Bloomfield, NM 87413		505-632-3476 ext. 203		10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Basin Fruitland Coal	
				11. County or Parish, State
1505' FNL X 1035' FWL E" Sec.4-T25N-R11W				San Juan County, NM
12. CHECK APPROPRIATE BOX(I	ES) TO INDICATE NATUR	E OF NOTICE, REPORT	r, or other d	ATA
TYPE OF SUBMISSION	TYPE OF ACTION			
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Start/Resume)
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon	Recomplete Temporarily	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Dispo	
If the proposal is to deepen directionall Attach the Bond under which the work Following completion of the involved op	y or recomplete horizontally, give will be performed or provide the cerations. If the operation results candonment Notices shall be filed	subsurface locations and mea Bond No. on file with BLM in a multiple completion or r	isured and true verti M/BIA. Required su recompletion in a new	posed work and approximate duration thereof. cal depths of all pertinent markers and zones. bsequent reports shall be filed within 30 days w interval, a Form 3160-4 shall be filed once have been completed, and the operator has

Elm Ridge Exploration CO LLC has returned the above well to production as of 3-4-15.

OIL CONS. DIV DIST. 3

MAR 3 0 2015

14. I hereby certify that the foregoing is true and correct		
Name (Printed/Typed) Amy/Archuleta	Title	Sr. Regulatory Supervisor
Signature	Date	March 9, 2015
THIS	SPACE FOR FEDERAL OR STA	ATE USE
Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice certify that the applicant holds legal or equitable title to those rights which would entitle the applicant to conduct operations thereon.		
Title 18 U.S.C. Section 1001, makes it a crime for any person kno		department or agency of the United States any false, fictitious or

(Instructions on reverse)

ACCEPTED FOR RECORD MAR 2 5 2015

FARMINGTON FIELD OFFICE