Form 3160-5 (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

NO	0-C	;-1	4-20-
	17-2101		77.75

Do not use this abandoned well.	6. If Indian, Allottee or Tribe Name				
	ICATE – Other instru	ictions on reverse	Isideeld Offic	7. If Unit or CA/Agreement, Name and/or No.	
Type of Well	Other	Dureation	ano wanager	Territ	
X Oil Well Gas Well		8. Well Name and No.			
Name of Operator Elm Ridge Resources, Inc.				Buena Suerte 5 Com 1T 9. API Well No.	
		3b. Phone No. (include as	rea code)	30-045-32006 10. Field and Pool, or Exploratory Area	
PO Box 156, Bloomfield, NM 87413		505-632-3476			
4. Location of Well (Footage, Sec., T.,			Basin Fruitland Coal		
1280 FSL X 1930' FEL			11. County or Parish, State		
Sec.5-T25N-R11W			San Juan County, NM		
12. CHECK APPROPRIATE BOX(I	ES) TO INDICATE NATURE	OF NOTICE, REPORT,	OR OTHER DA	TA	
TYPE OF SUBMISSION	TYPE OF ACTION				
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (S	Start/Resume) Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete	Other	
Final Abandonment Notice	Change Plans Plug and Abandon Temporarily Abandon Convert to Injection Plug Back Water Disposal				
If the proposal is to deepen directionally Attach the Bond under which the work Following completion of the involved op-	y or recomplete horizontally, give s will be performed or provide the re- erations. If the operation results in andonment Notices shall be filed of	subsurface locations and measure Bond No. on file with BLM/B. a multiple completion or reco	ed and true vertica IA. Required subs mpletion in a new	osed work and approximate duration thereof. I depths of all pertinent markers and zones, equent reports shall be filed within 30 days interval, a Form 3160-4 shall be filed once have been completed, and the operator has	
Elm Ridge Exploration Co LLC	returned this well to pro-	duciton as of 10-15-15	5.		
				OIL CONS. DIV DIST. 3	
		ACCEPT	ED FOR RECOR		
	NOV 0 9 2015				
	NOV 0 4 2015				
		FARMING BY:	TON FIELDOFFIN	very &	
14. I hereby certify that the foregoing is	true and correct	1		The state of the s	
Name (Printed/Typed)	rchuleta	Title	Sr Regula	atory Supervisor	
Signature	Date	Date			
//	/			er 23, 2015	
Ammound by	THIS SPACE	FOR FEDERAL OR STAT	E USE	Date	
Approved by		Title		Date	
Conditions of approval, if any, are attached certify that the applicant holds legal or equi which would entitle the applicant to conduc	itable title to those rights in the sul				
	rime for any person knowingly ar		partment or agenc	y of the United States any false, fictitious or	

(Instructions on reverse)

