Form 3160-5 (November 1994)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FEB 2 8 2017

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

2017 5. Lease Serial No.

NMNM61273

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. Field Office

6. If Indian, Allottee or Tribe Name

		Bureau of Land Manager	ent
SUBMIT IN TRIPLICATE – Other instructions on reverse side			7. If Unit or CA/Agreement, Name and/or N
1. Type of Well			1
Oil Well 🗶 Gas Well Other			8. Well Name and No.
2. Name of Operator			West Bisti Coal 23 1
Elm Ridge Exploration CO LLC			9. API Well No.
3a. Address		3b. Phone No. (include area code)	30-045-28643
		505-632-3476 x201	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec.,	T., R., M., or Survey Descripti	ion)	Basin Fruitland Coal
2510' FNL X 1850' FEL			11. County or Parish, State
"G" Sec. 23-T25N-R13W			San Juan County, NM
12. CHECK APPROPRIATE BOX	X(ES) TO INDICATE NAT	TURE OF NOTICE, REPORT, OR O	THER DATA
TYPE OF SUBMISSION	TYPE OF ACTION		
☐ Notice of Intent	Acidize Alter Casing	Deepen	
Subsequent Report	Casing Repair Change Plans	New Construction Recomplet	
Final Abandonment Notice	Convert to Injection	Plug Back Water Disp	
Following completion of the involved operating has been completed. Final Abstraction of the the site is ready for final inspection.	erations. If the operation results in andonment Notices shall be filed oction.)	Bond No. on file with BLM/BIA. Required sub a multiple completion or recompletion in a new only after all requirements, including reclamation, o production as of February 18,	interval, a Form 3160-4 shall be filed once have been completed, and the operator has
OIL CONS			
MAR 0 6 2017		OIL CONS. DIV DIST. 3	ACCEPTED TOR THE SELECT
		MAR 0 6 2017	MAR O Last
			BY: William Tambekou
14. The decrease of the control of th			
<ol> <li>I hereby certify that the foregoing Name (Printed/Typed)</li> </ol>	; istrue and correct	Title	
Amy Ar	chuleta		atory Supervisor
Signature	C C C C C C C C C C C C C C C C C C C	Date February 23, 2017	
/r	THIS SPACE I	FOR FEDERAL OR STATE USE	ary 23, 2017
Apploved by		Title	Date
Conditions of approval, if any, are attached certify that the applicant holds legal or equi which would entitle the applicant to conduct	table title to those rights in the sub		
		gly and willfully to make to any department	nt or agency of the United States any false, fictition

(Instructions on reverse)

fraudulent statements or representations as to any matter within its jurisdiction.