

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-045-30516

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS)

7. Lease Name or Unit Agreement Name

South Blanco Coal

1. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER

8. Well No.

36 #1

2. Name of Operator

Elm Ridge Exploration Company LLC

3. Address of Operator

PO Box 189 Farmington, NM 87499

9. Pool name or Wildcat

Basin Fruitland Coal

4. Well Location

Unit Letter L : 1546 Feet From The South Line and 1214 Feet From The West Line

Section 36 Township 24N Range 8W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

6870 GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: First Delivery Notice. ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed work) SEE RULE 1103

First delivery information for the above well is as follows on January 24, 2002: Tubing pressure 100 PSI, Casing pressure 50 PSI, 400 MCF, Bee Line Gas Systems.

RCVD NOV 9 '09

OIL CONS. DIV.

DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sharla Duggins TITLE Production Technician DATE 10/05/09

TYPE OR PRINT NAME Sharla Duggins TELEPHONE NO 505-632-3476 ext. 201

(This space for State Use)

APPROVED BY: accepted for record only TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY