

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 October 13, 2009

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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|---|
| WELL API NO. 30-045-25273 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. L-2986 |
| 7. Lease Name or Unit Agreement Name State of New Mexico 36 |
| 8. Well Number 14 |
| 9. OGRID Number 149052 |
| 10. Pool name or Wildcat 24141 Lybrook Gallup |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 6901' |

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.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Elm Ridge Exploration LLC co

3. Address of Operator
Po Box 156, Bloomfield NM 87413

4. Well Location
 Unit Letter M_: 790 feet from the South line and 790 feet from the West line
 Section 36 Township 24N Range 8W NMPM County San Juan

12. 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 MULTIPLE COMPL
 DOWNHOLE COMMINGLE

OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB

OTHER: Return to Production

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

The above well has returned to production as of January 30, 2011.



Spud Date: 12-29-81

Rig Release Date: 1-30-11

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

SIGNATURE Sharla Bemrose TITLE: Administrator Specialist DATE: 1-31-11

Type or print name Sharla Bemrose E-mail address: amackey1@elmridge.net PHONE: 505-632-3476 ext 201
For State Use Only

APPROVED BY: ACCEPTED FOR RECORD TITLE: DATE:

Conditions of Approval (if any):

A