Form 3160-5 (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or reenter an FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

5.	Lease	Serial	No.

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VΝ	/115	IIV	v	···	u	_

6. If Indian, Allottee or Tribe Name

Do not use this abandoned well.	Use Form 3160-3 (APD)	for such propo	sals	'''	11.50	
					7. If Unit or CA/A	Agreement, Name and/or No.
	ICATE – Other instru	ctions on re	vers 8	side //	Carson Unit	
. Type of Well	C Other		*		8. Well Name and	
X Oil Well Gas Well	Other	- C M	AR 200	2 3	Carson Unit 1	0 #43
Name of Operator		fo Ma			9. API Well No.	
Elm Ridge Resources, Inc.		3b. Phone No. Q	nclude in	code)	30-045-0548	
a. Address PO Box 189 Farmington, NM	87499	505-632-347	61.	_5\}		l, or Exploratory Area
Location of Well (Footage, Sec., T.,	R., M., or Survey Description)	16 Cara		0 3 3	Bisti Lower G	
1980' FSL & 660' FEL				and the state of t	11. County or Par	asn, state
Sec. 10-T25N-R12W					San Juan, N	M
					<u> </u>	
2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE	OF NOTICE, RI	EPORT, C	OR OTHER D	ATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
	Acidize	Deepen		Production	(Start/Resume)	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Tre	at:	Reclamation		Well Integrity
Subsequent Report	Casing Repair	New Constru		Recomplet		Other
Buosequestion	Change Plans	X Plug and Ab	andon	Water Dis	ly Abandon nosal	
Final Abandonment Notice 3. Describe Proposed or Completed Oper	Convert to Injection	Plug Back				province duration thereof.
Certified Return Receipt # 7	₇₀₀₁₋₀₃₂₀₋₀₀₀₂₋₆₇₀₇₋₁₃	23				
14. I hereby certify that the foregoing	is true and correct					
Name (Printed/Typed)	y Grubelņik ∧∧	Title		Prod	uction Technic	ian
Signature	M. L. h.	Date		i	March 5, 2002	
May	THIS SPI	ACE FOR FEDERA	AL OR ST	ATE USE	33.	O FOR RECOR
Approved by	11.10-01.1	Titl			Date	D 1 7 0000
		and warrant on Offi	fice			A I J 2002
Conditions of approval, if any, are atta certify that the applicant holds legal o which would entitle the applicant to co	1 edulable and 10	- 1			Sthe I Inited State	es any false, fictitious or
which would entitle the applicant to control of the second		and willfully to mak ction.	e to any de	epartment or ager	ncy of the Office State	mo way among sarahan and
(Instructions on reverse)					ģ	(VIVI)