Form 3160-5 (November 1994)

(Instructions on reverse)

## 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 APPROV<br>OMB No 1004 | /ED  |
|----------------------------|------|
| OMB No. 1004-              | 0135 |
| Expires July 31,           | 1996 |

5. Lease Serial No.

| N | IO | -G- | 98 | ₹1 | 1_1 | 131 | 12 |
|---|----|-----|----|----|-----|-----|----|
|   |    |     |    |    |     |     |    |

6. If Indian, Allottee or Tribe Name

| abandoned well. Use Form 3160-3 (APD)                                                                                                                                                                                                                                                                                                                          | 3                                                                                                                   | o. It initially, Allottee of Those Name                                                                     |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|--|--|
| SUBMIT IN TRIPLICATE – Other instru                                                                                                                                                                                                                                                                                                                            | uctions on reverse sitte                                                                                            | 7. If Unit or CA/Agreement, Name and/or No.                                                                 |  |  |  |
| Type of Well     Oil Well     Gas Well     Other                                                                                                                                                                                                                                                                                                               |                                                                                                                     | 8. Well Name and No.                                                                                        |  |  |  |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     | Kelly Indian #1                                                                                             |  |  |  |
| Elm Ridge Resources, Inc.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     | 9. API Well No.                                                                                             |  |  |  |
| 3a. Address                                                                                                                                                                                                                                                                                                                                                    | 3b. Phone No. (include area code)                                                                                   | 30-045-20743 30473                                                                                          |  |  |  |
| PO Box 189 Farmington, NM 87499                                                                                                                                                                                                                                                                                                                                | 505-632-3476                                                                                                        | 10. Field and Pool, or Exploratory Area                                                                     |  |  |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                                                                                                                         |                                                                                                                     | Basin Dakota                                                                                                |  |  |  |
| 720' FSL & 820' FWL                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     | 11. County or Parish, State                                                                                 |  |  |  |
| Sec. 12-T27N-R13W                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |                                                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     | San Juan, New Mexico                                                                                        |  |  |  |
| 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE                                                                                                                                                                                                                                                                                                               | OF NOTICE, REPORT, OR OTHER DA                                                                                      | TA                                                                                                          |  |  |  |
| TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |                                                                                                             |  |  |  |
| Notice of Intent Acidize Alter Casing                                                                                                                                                                                                                                                                                                                          | Deepen Production ( Fracture Treat Reclamation                                                                      | (Start/Resume) Water Shut-Off  Mell Integrity                                                               |  |  |  |
| Subsequent Report Casing Repair                                                                                                                                                                                                                                                                                                                                | New Construction Recomplete                                                                                         | Other                                                                                                       |  |  |  |
| Change Plans                                                                                                                                                                                                                                                                                                                                                   | X Plug and Abandon Temporarily                                                                                      | Abandon                                                                                                     |  |  |  |
| Final Abandonment Notice Convert to Injection                                                                                                                                                                                                                                                                                                                  | Plug Back Water Dispo                                                                                               | osal                                                                                                        |  |  |  |
| Testing has been completed. Final Abandonment Notices shall be filed determined that the site is ready for final inspection.)  Elm Ridge Resources, Inc. plugged and abandoned the test tubing to 1,000 PSI - okay. Load casing - pressure 45 sx cement, 1-3/4 BPM, 1250 PSI to 1/4 BPM, 1500 cement to 600'. TOH - remove setting tool. TIH to 600' Rig down. | e Kelly Indian #1 as follows: TIH w/e<br>test to 500 - okay. Establish rate<br>PSI. Pull out of retainer - pump 8.8 | 4-1/2 retainer set @ 1147'. Pressure<br>2.5 BPM @ 1250 PSI. Pump 9.5 bbl,<br>3 bbl, 42 sx cement, 200 PSI - |  |  |  |
| Certified Return Receipt # 7001 0320 0002 6707 0890  14. Thereby certify that the foregoing is true and correct                                                                                                                                                                                                                                                | John Williams                                                                                                       |                                                                                                             |  |  |  |
| Name (Printed/Typed)                                                                                                                                                                                                                                                                                                                                           | Title                                                                                                               | <u>.</u>                                                                                                    |  |  |  |
| Trudy Grubelnik /                                                                                                                                                                                                                                                                                                                                              | Product                                                                                                             | ion Technician                                                                                              |  |  |  |
| Signature Munda Alubel                                                                                                                                                                                                                                                                                                                                         | Date Apr                                                                                                            | April 24, 2002                                                                                              |  |  |  |
| THIS SPACE                                                                                                                                                                                                                                                                                                                                                     | FOR FEDERAL OR STATE USE                                                                                            |                                                                                                             |  |  |  |
| Approved by                                                                                                                                                                                                                                                                                                                                                    | Title                                                                                                               | Date                                                                                                        |  |  |  |
| Conditions of approval, if any, are attached. Approval of this notice does not certify that the applicant holds legal or equitable title to those rights in the su which would entitle the applicant to conduct operations thereon.                                                                                                                            | abject lease                                                                                                        | ACCEPT ) FOR RECOR                                                                                          |  |  |  |
| Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly ar<br>transquent statements or representations as to any matter within its jurisdict                                                                                                                                                                                                   | nd willfully to make to any department or agend<br>non.                                                             | ey or the United States any false, fictitious or                                                            |  |  |  |

WOOD