Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	May 27, 2004	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION				30-045-31019	
District III	1220 South St. Francis Dr.			5. Indicate Type STATE	of Lease FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505			6. State Oil & Ga		
1220 S. St. Francis Dr., Santa Fe, NM 87505				NMSF-078		
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 CARSON 11		
1. Type of Well: Oil Well Gas Well X Other				8. Well Number 332R		
2. Name of Operator ELM RIDGE RESOURCES, INC.				9. OGRID Number 149052		
3. Address of Operator P.O. BOX 156, BLOOMFIELD, NM 87413				10. Pool name or Wildcat BASIN FRUITLAND COAL		
4. Well Location						
Unit Letter : 1780 feet from the NORTH line and 1777 feet from the EAST line						
Section 11 Township 25N Range 12W NMPM County SAN JUAN 11. Elevation (Show whether DR, RKB, RT, GR, etc.)						
6,355' GL						
Pit or Below-grade Tank Application X or Closure						
Pit type Reserve Depth to Groundwater ~120' Distance from nearest fresh water well ~0.9mi Distance from nearest surface water ~2300'						
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
				SEQUENT RE		
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	<u> </u>					
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT	<u>=</u>		
OTHER DECEDIFEDITE		$\overline{\mathbf{X}}$	OTHER:			
OTHER: RESERVE PIT 13. Describe proposed or complete.	eted operations. (Clearly			give pertinent dat	es, including estimated date	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion						
or recompletion.						
				_		
7772345						
SAN 2000 O						
	The second of					
			601 81 L	المعتدها		
					· · · · · · · · · · · · · · · · · · ·	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed of closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.						
SIGNATURE Craig M.	Fiehler_T	ITLE_	biologist		DATE/2/30/04	
Type or print name Craig M. For State Use Only	Fiehler E	E-mail ad	dress:	est.com To	elephone No.505-466-9120 JAN – 4 2004	
APPROVED BY: Deny	tant .	UTA PEPU	TY OIL & GAS INSPE	CTOR, DIST. 🕬	DATE	
Conditions of Approval (if any):	1	+ + + + +				