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 abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED OMB No. 1004-0135	RE	CE		ED
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5." Lease Serial No.

FEB 15 2012

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6. If Indian, Allottee or Tribe Name Talmington Field Office

Sureau of Land Management

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 If Unit or CA	V/Agreement, Name and/or No.	
SUBMIT IN TRIPL	ICATE - Other instruc	tions on reverse	side	,		
[. [V] [V]		er yar ne il ne il ne il ne		8. Well Name	and No.	
Oil Well X Gas Well 2. Name of Operator	Other					
•			i 	Uicarilla Apache B 20		
Elm Ridge Exploration		01 DI 131 (1.4				
3a. Address	, , , , , , , , , , , , , , , , , , ,	3b. Phone No. (include	e area coae)	30-039-27721 10. Field and Pool, or Exploratory Area		
P.O. Box 156 Bloomfield, N		505-632-3476		4	•	
4. Location of Well (Footage, Sec., 7	., R., M., or Survey Description)			Ballard Pict		
				11. County or P.	arish, State	
"A" Sec.19-T24N-R5W 1085' FNL X 935' FEL				Rio Arriba County, NM		
12. CHECK APPROPRIATE BOX	X(ES) TO INDICATE NATI	RE OF NOTICE RE	PORT OR OT	HFR DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	AL OF NOTICE, IC	, OK1, OK O, 1	· · · · ·		
TIFE OF SUBMISSION	TIPE OF ACTION					
☐ Notice of Intent	Acidize [Deepen	Production	(Start/Resume)	☐ Water Shut-Off	
\circ	Alter Casing	Fracture Treat	Reclamation	n	Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete		X Other Conversion to	
	Change Plans	Plug and Abandon	Temporaril	•	water level monitoring well	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disp	osai	44611	
Elm Ridge Exploration tested for 30 minutes	ed by the BLM to be a with a did an MIT test on 2-1 to 610 PSI. The well part level monitoring well.	4-12. The test wa ssed the MIT. We	s witnessed I	by Jonathan	Kelly, The well was	
14. I hereby certify that the Viregoing	io turi di uni anno di		<u> </u>			
Name (Printed/Typed)	is a not the correct	Title				
// Amy l	ylackey		Adminis	trative Mană	ger <u> </u>	
Signature		Date	Febru	iany 14, 2012	<u>.</u> 2	
	THIS SPACE F	OR FEDERAL OR ST				
Approved by		* Title	% 1 TE 7 1 11%	* CaDate 1		
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct Title 18 U.S.C. Section 1991, makes it	itable title to those nghts in the subje t operations thereon a crime for any person knowingly	and willfully to make to	any department o	r agency of the Ur	nited States any false, fictitious or	
fraudulent statements or representations	as to any matter within its jurisili	iction.				

ASSEPTED FOR RECORD FED 17 2012