Form 3160-5 (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROV								
/	OMB	No.	1004	-013				
	Expira	s Iu	w 31	199				

Lease Serial No.

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Do not use this abandoned well.	6. If Indian, Allottee or Tribe Name				
SUBMIT IN TRIPL	ICATE – Other instruct	ions on reverse side	7. If Unit or CA/Agreement, Name and/or N		
1. Type of Well	rit (1884 m. 1885 m. 1 Tital (1884 m. 1885 m.		528.15		
Oil Well 🗶 Gas Well	Other		8. Well Name and No.		
2. Name of Operator	Colleen Simpson #1				
Elm Ridge Resources, Inc.			9. API Well No.		
3a. Address	31	b. Phone No. (include area code)	30-045-27233		
PO Box 189 Farmington, NA	M 87499 5	05-632-3476	10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec.,	T., R., M., or Survey Description)		Bisti Lower Gallup		
Sec.25-T25N-R12W			11. County or Parish, State		
330' FSL & 1650' FEL			San Juan, New Mexico		
12. CHECK APPROPRIATE BOX	X(ES) TO INDICATE NATU	RE OF NOTICE, REPORT, OR	OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION				
Notice of Intent	Acidize Alter Casing	Fracture Treat Reclar	cture Treat Reclamation Well Integrity		
Subsequent Report	Casing Repair New Construction Recomplete Other Change Plans Plug and Abandon Temporarily Abandon				
Final Abandonment Notice 13. Describe Proposed or Completed Operation	Convert to Injection	Plug Back Water			
Attach the Bond under which the work Following completion of the involved op Testing has been completed. Final Abdetermined that the site is ready for final inspection. After moving a rig on location	will be performed or provide the Bon erations. If the operation results in a andonment Notices shall be filed only ection.) In to prepare for plug bac Gallup perforations. Plea	d No on file with BLM/BIA. Require multiple completion or recompletion in a after all requirements, including reclam k to the Fruitland Coal, this	vertical depths of all pertinent markers and zones di subsequent reports shall be filled within 30 days a new interval, a Form 3160-4 shall be filled once ation, have been completed, and the operator has see well was found to be capable of 2 ry notice requesting approval to plug		
Name (Frinted/Typed)		Title			
	Mackey		luction Technician		
Signature Mach	ly		June 1, 2005		
Approved by	() IHIS SPACE FO	OR FEDERAL OR STATE USE	L Date		
Approved by		Title	Date		
Conditions of approval, if any, are attached certify that the applicant holds legal or equ	itable title to those rights in the subje		AMPRITER		
which would entitle the applicant to conduc	operations thereon.		ACCEPTED FOR P		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or

(Instructions on reverse)

fraudulent statements or representations as to any matter within its jurisdiction.

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