

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
Expires July 31, 1996

5. Lease Serial No.
Contract 38

6. If Indian, Allottee or Tribe Name
Jicarilla Apache

7. If Unit or CA/Agreement, Name and/or N

8. Well Name and No.
AXI Apache H #7

9. API Well No.
30-039-05150

10. Field and Pool, or Exploratory Area
Ballard Pictured Cliffs

11. County or Parish, State
Rio Arriba, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

FEB 06 2013

1. Oil Well Gas Well Other

2. Name of Operator
Elm Ridge Exploration Co., LLC
Farmington Field Office
Bureau of Land Management

3a. Address
PO Box 156 Bloomfield, NM 87413

3b. Phone No. (include area code)
(505) 632-3476 ext. 201

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
"M" - 990' FSL X 990' FWL
Sec. 6-T23N-R5W

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input checked="" type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Water Shut-Off
	<input checked="" type="checkbox"/> Well Integrity
	<input type="checkbox"/> Other _____

13. Describe Proposed or Completed Operations (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

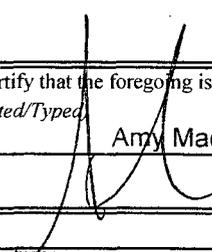
Elm Ridge Exploration performed an MIT on this well and it passed. We request this well be put on TA status.

RCVD FEB 15 '13
OIL CONS. DIV.
DIST. 3

File a subsequent report describing the procedure used to temporary abandon the well

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed) Amy Mackey Title Sr. Regulatory Supervisor

Signature  Date February 1, 2013

THIS SPACE FOR FEDERAL OR STATE USE

Approved by _____ Title _____ Date _____

Office _____

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

(Instructions on reverse)

ACCEPTED FOR RECORD

FEB 12 2013

NMOCD

FARMINGTON FIELD OFFICE



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

RCVD DEC 12 '12

OIL CONS. DIV.

DIST. 3

MECHANICAL INTEGRITY TEST REPORT

(TA OR UIC)

Date of Test 12-DEC-12 Operator ELM RIDGE API # 30-0 39 05150

Property Name AXI APACHE H Well # 7 Location: Unit M Sec 6 Twn 23 Rge 3

Land Type:

State _____
Federal _____
Private _____
Indian X

Well Type:

Water Injection _____
Salt Water Disposal _____
Gas Injection _____
Producing Oil/Gas X
Pressure observation _____

Temporarily Abandoned Well (Y/N): _____ TA Expires: _____

Casing Pres. 0 Tbg. SI Pres. _____ Max. Inj. Pres. _____
Bradenhead Pres. 0 Tbg. Inj. Pres. _____
Tubing Pres. 0
Int. Casing Pres. _____

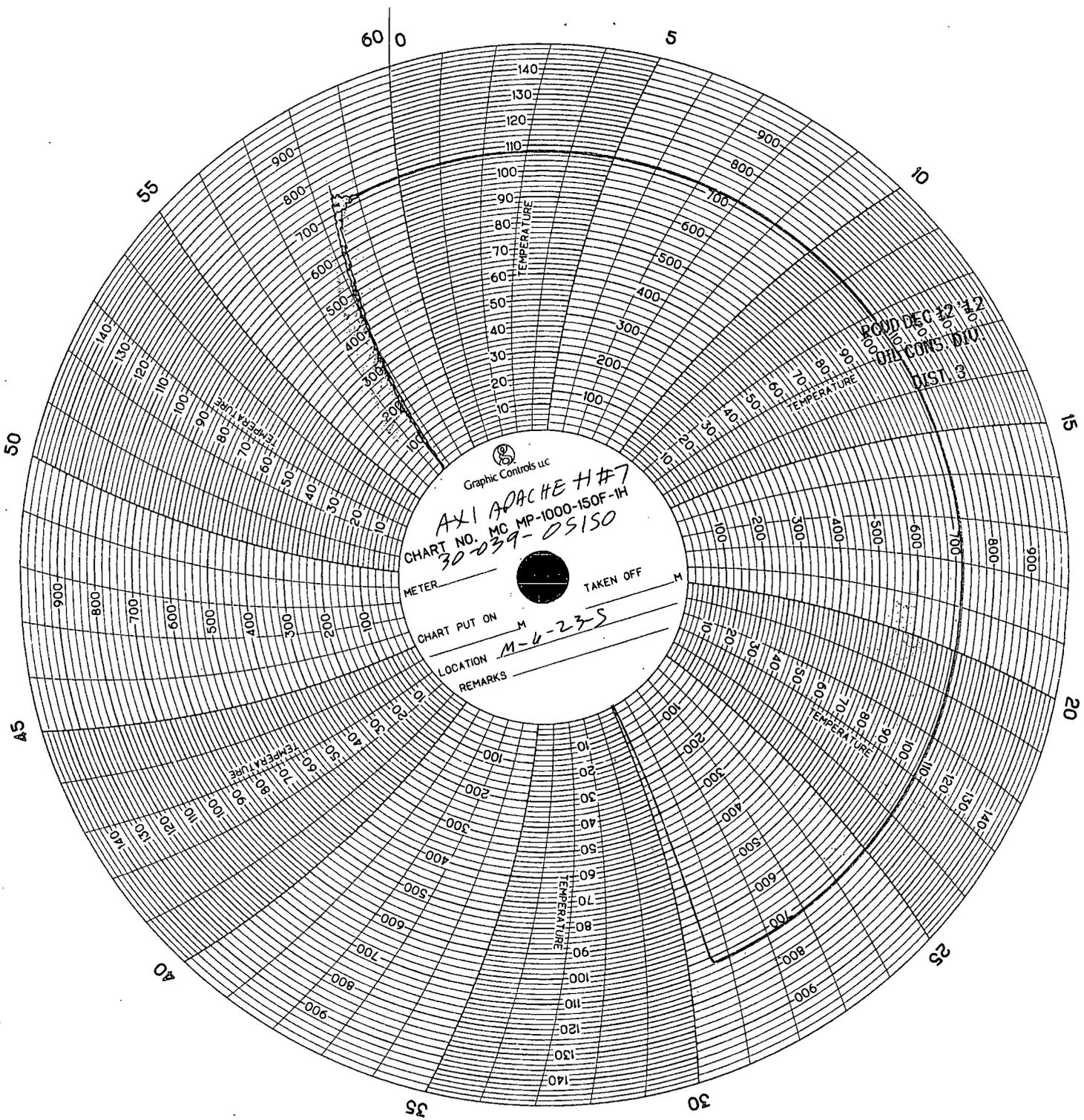
Pressured annulus up to 720 psi. for 30 mins. Test passed/failed

REMARKS: 1000 LBS SPRINK 10 MINUTE CLOCK PRESSURED
ANNULUS UP TO 720 PSI, PRESSURE HELD FOR 30 MINUTES

By [Signature]
(Operator Representative)
Consultant
(Position)

Witness [Signature]
(NMOCD)

Revised 02-11-02



Graphic Controls Inc

AXI APACHE H#7
 CHART NO. MC MP-1000-150F-1H
 30-039-05150

METER _____ TAKEN OFF _____ M
 CHART PUT ON _____ M
 LOCATION M-4-23-5
 REMARKS _____

COND DEC 12 '12
 OIL CONS. 0.0
 DIST 3