Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
June 19, 2008

WELL API NO. 30-045-30516	
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No.	
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.) 1. Type of Well: Oil Well ☒ Gas Well ☐ Other	7. Lease Name or Unit Agreement Name South Blanco Coal
	8. Well Number 36-1
2. Name of Operator Elm Ridge Exploration LLC Company	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 L : 1546 feet from the South line and 1214 feet from the West line Section 36 Township 24N Range 8W NMPM San Juan County	
	11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* 6870 GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
OTHER: ☐		OTHER: Return To Production ☒	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

The above well has been returned to production as of February 26, 2013.

RCVD FEB 28 '13
OIL CONS. DIV.
DIST. 3

Spud Date: 9-2-01 Rig Release Date: 2-22-13

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE_____ TITLE_ Sr. Regulatory_ ___DATE___2-27-13_____

Type or print name : Amy Mackey_____ E-mail address: _amackey1@elmridge.net_ PHONE: _505-632-3476 ext 201_

For State Use Only

APPROVED BY: ACCEPTED FOR RECORD TITLE_____ DATE FEB 2 8 2013

Conditions of Approval (if any):

ca