Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION	30-045-32835
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505	·	SL - 2062
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		7. Lease Name or Unit Agreement Name Bisti Coal 2
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number #1T
2. Name of Operator		9. OGRID Number
Elm Ridge Exploration Co LLC		149052
3. Address of Operator PO BOX 156 Bloomfield, NM 87413		10. Pool name or Wildcat Basin Fruitland Coal
4. Well Location		Dasin Franciana Coar
Unit LetterC_:1160' feet from theNorth line and _1405'feet from theWest line		
Section 02 Township 25N Range 12W NMPM County San Jaun		
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 6280'	2.)
12. Check Ap	opropriate 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		
DOWNHOLE COMMINGLE	WIGHT LE COME	11 30B
CLOSED-LOOP SYSTEM		
OTHER:	ted operations. (Clearly state all pertinent details, a	X
	k). SEE RULE 19.15.7.14 NMAC. For Multiple Co	
proposed completion or recompletion.		
Elm Ridge Exploration Co LLC has returned this well to production. We replaced the pump in the well.		
Emi radge Exploration Co El	as returned this went to production.	we replaced the pump in the wen.
		RCVD DEC 26 '13
		OIL CONS. DIV.
		DIST. 3
Saud Date: 1-3-06	Pig Pologo Doto: 11-21-13	
Spud Date:	Rig Release Date:	
\ ,		
I hereby certify that the information al	pove is true and complete to the best of my knowled	ge and belief.
N /l		
SIGNATURE M	TITLESr. Regulatory Super	rvisorDATE12-19-13
Type or print nameAmy Mackey E-mail address:amackey1@elmridge.net PHONE: _505-632-3476 For State Use Only		
ACCEPTED	FOR RECORD	DATE JAN 0 6 2014
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE ONLY OF 2014
L.L	Ar	•