Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		Revised July 18, 2013	<u>}</u>
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO.	
811 S. First St., Artesia, NM 88210			30-045-27167	4
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE X FEE 6. State Oil & Gas Lease No.	\dashv
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Sunu 1 0, 1 m 2 0 / 2 0 2		B10894-11	
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name	4	
(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.)		Jake Johnson		
Type of Well: Oil Well Gas Well Other Name of Operator			Well Number 1 OGRID Number	\dashv
Elm Ridge Exploration Co LLC			149052	
3. Address of Operator PO BOX 156 Bloomfield, NM 87413		10. Pool name or Wildcat		
4. Well Location			Bisti Lower Gallup	\dashv
Unit Letter L: 1650	feet from the South 1	ine and 990	feet from the West line	
Section 32		tange 11W	NMPM San Juan County	
	11. Elevation (Show whether DR, I			\exists
	6442' GLE			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK □				
TEMPORARILY ABANDON	-		_LING OPNS.□ P AND A □	
PULL OR ALTER CASING	<u> </u>		_	
DOWNHOLE COMMINGLE	_		<u>-</u>	
CLOSED-LOOP SYSTEM				
OTHER:		OTHER: RTP	X	
13. Describe proposed or comp	leted operations. (Clearly state all pe	ertinent details, and	l give pertinent dates, including estimated da	te
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or rec	ompletion.			
Elm Ridge Explorati	on Co LLC returned this	s well to proc	luctjøń on 3-9-15.	
			EIVED \ .	
			MAR 1 6 2015	
,			NMOCD	
,,			D. M.Y.C.I. MI	
Spud Date: 2-2-89	Rig Release Date	e:		
			11 1: 6	
I hereby certify that the information	above is true and complete to the bes	st of my knowledge	e and belief.	
A/T			·	
SIGNATURE TITLESr. Regulatory Supervisor DATE 3-9-15				
Type or print nameAmy Archuleta E-mail address:aarchuleta@elmridge.net PHONE: _505-632-3476				
For State Use Only				
APPROVED BY:	TITLE ACC	EPTED FOR R	ECORD DATE	
Conditions of Approval (if any):			200	_
			ハビ	