

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

SEP 15 2017

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1996

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.

Farmington Field Office
Bureau of Land Management

5. Lease Serial No.
BIA 38

6. If Indian, Allottee or Tribe Name
Jicarilla Apache

7. If Unit or CA/Agreement, Name and/or No.
N/A

8. Well Name and No.
Otero #1

9. API Well No.
30-039-26885

10. Field and Pool, or Exploratory Area
Gallo Canyon Gallup Dakota

11. County or Parish, State
Rio Arriba County

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Oil Well Gas Well Other

2. Name of Operator
ELM RIDGE EXPLORATION CO LLC

3a. Address
PO BOX 156 BLOOMFIELD NM 87413

3b. Phone No. (include area code)
505-632-3476 EXT 203

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
910' FNL X 1850' FEL
"B" Sec. 5- T23N- R5W

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

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

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 recompleat 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 recompleat 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.)

We request shut in status for a 6 month period for this well.
This well currently has a flowline leak and we request 6 months to fix the flowline.

OIL CONS. DIV DIST. 3
SEP 21 2017

BLM'S APPROVAL OR ACCEPTANCE OF THIS ACTION DOES NOT RELIEVE THE LESSEE AND OPERATOR FROM OBTAINING ANY OTHER AUTHORIZATION REQUIRED FOR OPERATIONS ON FEDERAL AND INDIAN LANDS

* SI approved until 9/1/2018

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

Name (Printed/Typed) Amy Archuleta	Title Regulatory Supervisor
Signature	Date September 11, 2017

THIS SPACE FOR FEDERAL OR STATE USE

Approved by William Tambokou	Title Petroleum Engineer	Date 9/18/2017
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office FFO	

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)

NMOCD Accepted For Record