Form 3160-5 (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

NMS	078063	

SUNDRY NOTICES AND REPORTS ON WELLS		NMSF-078063	
Do not use this form for proposals to drill or reenter and abandoned well. Use Form 3160-3 (APD) for such proposals.			9 M 6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on reverse side			7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well			
X Oil Well Gas Well Other		8. Well Name and No.	
2. Name of Operator		Carson Unit 19 #24	
Elm Ridge Resources, Inc.		(9. API Well No.
3a. Address		3b. Phone No. (include area co	, , , , , , , , , , , , , , , , , , , ,
PO Box 189 Farmington, NA		505-632-3476	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FSL & 2310' FWL Sec. 19-T25N-R11W			Bisti Lower Gallup 11. County or Parish, State San Juan, New Mexico
12. CHECK APPROPRIATE BOX	((ES) TO INDICATE NAT	URE OF NOTICE, REPORT,	OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION		······································

Notice of Intent Subsequent Report	Acidize Alter Casing Casing Repair Change Plans	Fracture Treat R New Construction R	roduction (Start/Resume) Water Shut-Off eclamation Well Integrity ecomplete Other emporarily Abandon
Final Abandonment Notice	Convert to Injection		Vater Disposal
Attach the Bond under which the work Following completion of the involved ope Testing has been completed. Final Abs determined that the site is ready for final inspec	will be performed or provide the E rations. If the operation results in undonment Notices shall be filed or ption.)	Sond No. on file with BLM/BIA. R a multiple completion or recompletion nly after all requirements, including a	true vertical depths of all pertinent markers and zones equired subsequent reports shall be filled within 30 days in a new interval, a Form 3160-4 shall be filled once eclamation, have been completed, and the operator has init 19 #24. We request the location to
Certified Return Receipt #			ON CONTROLL SON
14. I hereby certify that the foregoing i	s true and correct		A CONTRACTOR
Name (Printed/Typed) Trudy G	rubelhik	Title F	Production Technician
Signature	Madel	Date	October 10, 2003
// // / / / / / / / / / / / / / / / /	THIS SPACE I	OR FEDERAL OR STATE US	
Approved by		Title EPT	Date / 25 Co3
Conditions of approval, if any, are attached certify that the applicant holds legal or equi which would entitle the applicant to conduct	table title to those rights in the sub toperations thereon.	oject lease)
Title 18 U.S.C. Section 1001, makes it a	crime for any person knowingly	y and willfully to make to any depart	artment or agency of the United States any false, fictitious or

(Instructions on reverse)

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