Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

				Revised 1-1-89					
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	IVISION	WELL API N	O.						
2040 Pacheco S			30-039-26645						
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505			5. Indicate T	ype of L	ease STATE X	FEE	П	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil	& Gas L		1171		
SUNDRY NOTICES AND REPORTS ON WELLS									
(DO NOT USE THIS FORM FOR PORPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					na or Ur	nit Agreement Nan	20		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)					ne or or	nt Agreement ivan			
1. Type of Well:	Jake Papa								
OIL X GAS WELL X									
2. Name of Operator									
Elm Ridge Exploration Co LLC									
3. Address of Operator				9. Pool nam	9. Pool name or Wildcat				
PO box 156, Bloomfield NM 87413				Bisti Lower	Bisti Lower Gallup				
4. Well Location									
	<u></u>	South	Line and	1000	F6	eet From The	West	Line	
Section 32		inge 11W		NMPM			San Juai	1 County	
	10. Elevation (Sa	how wheth 6880		GR, etc.)					
Check	Appropriate Box to	Indicat	e Nature of	Notice, Repor	rt, or	Other Data			
11 NOTICE OF INTENTION TO:				SUBSEQL	JENT	REPORT O	F:		
PERFORM REMEDIAL WORK	RFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO			ORK		ALTERING CASI	NG		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN				NDONMENT		
PULL OR ALTER CASING CASING TEST				AND CEMENT JO	в				
OTHER:			OTHER: First	delivery notice.				\mathbf{X}	
12 Describe Proposed or Completed Operation	ons (Clearly state all pertinent details	, and give per	rtınent date, ıncludıng	estimated date of starti	ng any pro	posed			
work) SEE RULE 1103 First delivery information for the	a above well is as follows	on Februa	my 5 2003: T	uhina nressure 11	n psi c	Sacina pressure 1	0 PSL 12 I	RRI S of	
oil, Tank # 10090 and Tank # 10		on reorua	ily 5, 2005. I	ubing pressure in	<i>J</i> 1 31, C	asing pressure i	0151, 121	DDL5 01	
(Revised copy, Original sent 9-3									
(.ter.bea edp), originar sent > 5 o>)					RCVD OCT 1'09				
					OIL CONS. DIV.				
					FUTT LUTANDA TO TO THE				
						DIST	1.3		
I hereby certify that the information a	above is true and complete to the	e best of my	knowledge and be	lief			· · ·		
SIGNATURE SIGNATURE	~ Core is true and complete to an			Production Techn	ician	DATE	09/30/0)9	
)	arla Duggins					ELEPHONE NO 505			
111E OR FRINT NAME SHO	ina Duggins				11	LELI HOUSE INC. 505	352-3470	JAC. 201	
(This space for State Use)									
APPROVED BY ACCOUNTED	for record o	men	בי זייטוניט			D 4 TPT			
CONDITIONS OF APPROVAL, IF ANY	<u> </u>	rey	TITLE			DATE		·····	