Form 3160-5 (November 1994)

## UNITED STATES

## DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

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| O)MB   | No.  | 1004   | -0135 |
| Expire | s Ju | ly 31, | 1996  |

|      |      | <b>9</b> ×1 | pires | July |
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| ease | Seri | 11          | VΩ    |      |

**SUNDRY NOTICES AND REPORTS ON WELLS** 

|   |     |     |      |      |     |           |    |       |    |         | * ***** | - | f | ٧ | L |
|---|-----|-----|------|------|-----|-----------|----|-------|----|---------|---------|---|---|---|---|
| 0 | not | use | this | form | for | proposals | to | drill | or | reenter | an      |   |   |   |   |
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| Do not use the   | is form for proposals to d   | irill or reenter an                 |                        | 6. If Indian, All   | ottee or Tribe Name                 |
|--|--|-------------------------------------|------------------------|---------------------|-------------------------------------|
| abandoned well   | l. Use Form 3160-3 (APD) fo  | or such proposals                   | R 24 AM II:            | 55                  |                                     |
|  |  | <b>^-</b>                           |                        | 7. If Unit or CA    | /Agreement, Name and/or No.         |
| SUBMIT IN TRIPL  | ICATE – Other instruc  | tions on revers                     | <b>ë side</b> ton, N   | М                   | •                                   |
| 1. Type of Well  |  | M. Killer St. T. S. S. St. St. Co.  |                        | Central Bisti       | Unit                                |
| X Oil Well Gas Well  | Other  |                                     | 2017                   | 8. Well Name a      | ıd No.                              |
| 2. Name of Operator  |  | £ 10 30                             | 1 1 1                  | Central Bisti       | Unit #48                            |
| Central Resources Inc C/O Eli  | n Ridge Resources, Inc.  |                                     | ADD S                  | 9. API Well No.     |                                     |
| 3a. Address  |  | b. Phone No: (include               | area code)3            | <u>30</u> -045-0536 | €                                   |
| PO Box 189 Farmington, NM 8  |  | 505-632-3476                        | )                      | ~_1                 | l, or Exploratory Area              |
| 4. Location of Well (Footage, Sec., T., 1980' FSL & 660' FEL   | R., M., or Survey Description)   | Fig. 6                              | 77.                    | Bisti Lower G       | •                                   |
| Sec. 17-T25N-R12W  |  |                                     | 7.                     | 11. County or Par   | ish, State                          |
| 000. 17-12014-1(1244   |  | $\mathcal{M}_{\mathcal{U}}$         | 0110101010             | San Juan, Ne        | w Mexico                            |
| 12. CHECK APPROPRIATE BOX(E  | ES) TO INDICATE NATURE OF  | F NOTICE REPORT                     | OR OTHER DAT           | ΓA .                |                                     |
| TYPE OF SUBMISSION   | TYPE OF ACTION   | NOTICE, REFORT                      | , OR OTHER DAT         |                     |                                     |
| TITE OF CODINGSTON   | THEORACHON   | <del></del>                         |                        |                     |                                     |
| Notice of Intent   | Acidize  | Deepen                              | Production (S          | tart/Resume)        | Water Shut-Off                      |
| X Subsequent Report  | Alter Casing   | Fracture Treat                      | Reclamation            |                     | Well Integrity                      |
| N Subsequent Report  | Casing Repair Change Plans   | New Construction Plug and Abandon   | Recomplete Temporarily | A bandon            | Other                               |
| Final Abandonment Notice   | Convert to Injection   | Plug Back                           | Water Dispos           |                     |                                     |
| 13. Describe Proposed or Completed Operation   | one (clearly state all matinant dual-                                      | is all all and a second at a second |                        | <del></del>         |                                     |
| Testing has been completed. Final Abadetermined that the site is ready for final inspect.  Elm Ridge Resources, Inc. returned ay. The well flows into our Cecorrectly.   | rned the CBU #48 back to   | production in 200                   | 1. The well is c       | urrentiv produ      | ıcing 2-3 bbls oil a                |
| concean.   |  |                                     |                        |                     |                                     |
|  |  |                                     |                        |                     |                                     |
| •  |  |                                     |                        |                     |                                     |
|  |  |                                     |                        |                     |                                     |
|  |  |                                     |                        |                     |                                     |
|  |  |                                     |                        |                     |                                     |
|  |  |                                     |                        |                     |                                     |
| Certified Return Receipt # 7001  | 1940 0002 1375 7429  |                                     |                        |                     |                                     |
| <ol> <li>I hereby certify that the foregoing is tr</li> </ol>  | ue and correct   |                                     |                        |                     |                                     |
| Name (Printed/Typed)   |  | Title                               | <b>5</b>               |                     |                                     |
| Trudy Gr   | ubelnik //   |                                     | Productio              | n Technician        |                                     |
| Mudy M   | My DX  | Date                                |                        | 20, 2003            |                                     |
| Control of the Contro | THIS SPACE FOR   | R FEDERAL OR STA                    | TE USE                 |                     |                                     |
| Approved by  |  | Title                               |                        | Date                |                                     |
| Conditions of approval, if any, are attached.  | Approval of this notice does not warra                                     | ant or Office                       |                        |                     |                                     |
| ertify that the applicant holds legal or equita  | ble title to those rights in the subject                                   | lease                               |                        | MACEPI              | FD FOR RECORD                       |
| which would entitle the applicant to conduct of the 18 U.S.C. Section 1001, makes it a critical content of the statements of representations as to   | ne for any person knowingly and wil<br>any matter within its juristiction. | Ifully to make to any de            | partment or agency o   | f the United States | any false, fictinious or AR 28 2003 |