Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103		
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		May 27, 2004 WELL API NO. 30-039-27725		
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION				
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505			BIA # 11		
SUNDRY NOTICES AND REPORTS ON WELLS  (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			7. Lease Name or Unit Agreement Name JICARILLA APACHE B		
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well X Other		8. Well Number 16 E		
2. Name of Operator ELM RIDGE RESOURCES, INC.			9. OGRID Number 149052		
3. Address of Operator P.O. BOX 156, BLOOMFIELD, NM 87413		10. Pool name or Wildcat			
			OTERO GALLUP & BASIN DAKOTA		
4. Well Location					
Unit Letter O : 1070 feet from the SOUTH line and 1450 feet from the EAST line  Section 29 Township 24N Range 5W NMPM County RIO ARRIBA					
Section 29 Township 24N Range 5W NMPM County RIO ARRIBA  11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
6,595' GL					
Pit or Below-grade Tank Application \( \subseteq \text{ or Closure } \subseteq \)  Pit type Reserve Depth to Groundwater \( \subseteq 181' \)  Distance from nearest fresh water well \( \subseteq 2.0 \text{mi} \)  Distance from nearest surface water \( \subseteq 1200' \)					
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING					
TEMPORARILY ABANDON					
PULL OR ALTER CASING	PULL OR ALTER CASING				
OTHER: RESERVE PIT 🛛 OTHER:					
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date					
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
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404.9151.11 January					
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.					
SIGNATURE Crais M.	1 1 1	Biologist		DATE 12/30/04	
7		J		/	
Type or print name Craig M. Fiehler E-mail address:  Telephone No. 505-466-8120  For State Use Only  Telephone No. 505-466-8120					
1 CAS INSPECTOR DIST. CB UAIN - 4 2004					
APPROVED BY:DATE					
Conditions of Approval (if any):	1				