Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 May 27, 2004	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II	Energy, Minerals and Natural Resources		WELL API NO. 30-039-27404	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type	of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Ga BIA # 9	as Lease No.
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 A	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other			8. Well Number 11	
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 Blanco PC S & Ot. Chac.	
4. Well Location				
Unit Letter B: 805 feet from the NORTH line and 1573 feet from the EAST line				
Section 26 Township 25N Range 5W NMPM County RIO ARRIBA				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
6,773' GL				
Pit or Below-grade Tank Application \(\text{N} \) or Closure \(Times of the control of t				
Pit type Reserve Depth to Groundwater ~460' Distance from nearest fresh water well ~3.9mi Distance from nearest surface water ~200'				
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: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS.	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	ГЈОВ 🗌	
OTHER: RESERVE PIT	X	OTHER:		
	oleted operations. (Clearly state all p		d give pertinent dat	es, 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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		E Li	6/8/11/3/200	
			A STATE OF	
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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 exclosed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.				
SIGNATURE Craig M. F	rehler TITLE E	Biologist		DATE 12/30/04
Type or print name Craig M. Fiehler E-mail address: Telephone No. 505 - 466-812D				
For State Use Only Craig@permits west.com JAN - 1 2001				
APPROVED BY: Deny Cent TITLE DA GAS IMSPECTOR, DIST. 50 DATE				
Conditions of Approval (if any).				