Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resource	WELL ADINO
District II	OIL CONSERVATION DIVISION	30-039-27400
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		BIA # 9
1	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	JICARILLA AFACILI A
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 14
2. Name of Operator ELM RIDGE RESOURCES, INC.		9. OGRID Number 149052
3. Address of Operator P.O. BO	X 156, BLOOMFIELD, NM 87413	10. Pool name or Wildcat Lindr. Gall-Dak. W
4. Well Location		
Unit Letter C: 880 feet from the NORTH line and 1956 feet from the WEST line		
Section 35 Township 25N Range 5W NMPM County RIO ARRIBA		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6,837' GL		
Pit or Below-grade Tank Application X or Closure		
Pit type Reserve Depth to Groundwater ~525' Distance from nearest fresh water well ~4.2mi 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 WORK ALTERING CASING		
TEMPORARILY ABANDON		
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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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 according to NMOCD guidelines K , a general permit or an (attached) alternative OCD-approved plan.		
SIGNATURE Craig M. F	rehler TITLE Biologist	DATE 12/30/04
Type or print name Craia M.	Fiehler E-mail address:	Telephone No. 505-466-8120
For State Use Only	eraig@perr	nitswest.com JAN 1
7 -4 2004		
APPROVED BY: TITLE TITLE TO ON & GAS INSPECTOR, DIST. CO. DATE. Conditions of Approval (if any):		
or ripprovide (if daily).		