Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Departmen

Form C-103 Revised 1-1-5

				/	Re	vised 1-1-89
DISTRICT I	OIL CONSERVA	TION I	DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco Stan 7/22/27				30-045-31606		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, N			5. Indicate Type		FEE□
DISTRICT III	,	(50)	FEB 2000	6. State Oil & 0		
1000 Rio Brazos Rd., Aztec, NM 8741	0	$\stackrel{\iota_{\mathcal{Q}}}{=} O_{\mathcal{G}}$	2005	E-6597-2		
	ES AND REPORT	ho 1. "	VELLS :			
(DO NOT USE THIS FORM FOR PORPOSALS TO DRILL OR TO DEFPEN OR PLUG BÄCK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)				7. Lease Name	or Unit Agreement 5 W D	
1. Type of Well:				Central Bisti WDW		
OIL GAS WELL WELL	other ${f W}$	ater Disi	posal Well			
2. Name of Operator				8. Well No.		
Elm Ridge Resources, Inc.				161		
3. Address of Operator				9. Pool name or Wildcat		
PO Box 156 Bloomfield, NM	87413		<u> </u>	SWD; Entrada		
4. Well Location	10/7 F 4 F Th	Manth	Time	2206	E4 E Th-	Foot Lin
Unit Letter B :_	1067 Feet From The	North	Line and	2286	Feet From The	East Line
Section 16	Township 25N Ra	ange 12V	V	NMPM	County:	San Juan
	10. Elevation (a	Show whe	ther DF, RKB, RT,	GR, etc.)		
Check A	Appropriate Box to	Indicat	te Nature of N	otice, Report	, or Other Dat	a
n. NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CA	SING
TEMPORARILY ABANDON	CHANGE PLANS	X	COMMENCE DR	ILLING OPNS.	PLUG AND AB	ANDONMENT
PULL OR ALTER CASING X			CASING TEST AND CEMENT JOB			
OTHER:			OTHER:			
12. Describe Proposed or Completed Operation	ons (Clearly state all pertinent deta	ils, and give	pertinent date, including	estimated date of startir	ng any proposed	
work) SEE RULE 1103.	The would like to d	hamaa 4	ha aasina fuar	5 1 /0!! 17# +	. 70 124 N 90	and the
Elm Ridge Resources,		_		[151/2"1/# <u>1</u>	<u>0</u> /** 23# N-80	and the
tubing from 2 7/8" to	5 1/2" 9.5# N-80 Pla	stic lin	ea.			
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1)	1					

SIGNATURE TITLE Production Assistant DATE 02/18/05

TYPE OR PRINT NAME Amy Mackey TELEPHONE NO. 505-632-3476

(This space for State Use) APPROVED BY CALL TO TITLE SUPERVISOR DISTRICT & DATE

CONDITIONS OF APPROVAL, IF ANY: