Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-045-27167
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III – (505) 334-6178 1220 South St. Francis Dr.		STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		B10894-11
87505 SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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 PROPOSALS.)		Jake Johnson
1. Type of Well: Oil Well Gas Well Other		8. Well Number 1
2. Name of Operator		9. OGRID Number
Elm Ridge Exploration Co LLC 3. Address of Operator		149052 10. Pool name or Wildcat
PO BOX 156 Bloomfield, NM 87413		Bisti Lower Gallup
4. Well Location		
\	feet from the South line and 990	feet from the West line
Section 32	Township 25N Range 11W	NMPM San Juan County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	6442' GLE	
12. Check Ap	propriate Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF INT	ENTION TO:	DECLIENT DEDODT OF
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS P AND A		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE	MOETH EL COMM E	
CLOSED-LOOP SYSTEM		
OTHER:	□ OTHER: RTP	X
	ted operations. (Clearly state all pertinent details, and s). SEE RULE 19.15.7.14 NMAC. For Multiple Completion.	
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Elm Ridge Exploratio	n Co LLC returned this well to pro	duction on 1-7-14.
Bb	pro-	
		TAIR TAN OF SEA
		RCVD JAN 27'14
		OIL CONS. DIV. DIST. 3
		uid. O
	•	
Spud Date: 2-2-89	Rig Release Date:	
Spud Date.	Rig Release Date:	
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I hereby certify that the information at	ove is true and complete to the best of my knowled	ge and helief
	ove is true and complete to the best of my knowled,	ge and benefi.
$\Lambda \lambda$	· ·	
SIGNATURE	TITLESr. Regulatory Super	visorDATE1-22-14
Time on mint name	E mail addusers	A DUONE FOR COS SURC
Type or print nameAmy Mackey_ For State Use Only	E-mail address:amackey1@elmridge.n	et PHONE: _505-632-3476
APPROVED BY:	FOR RECORD	FFD 4 0 000
	FOR RECORD TITLE	DATE FEB 1 3 2014
Conditions of Approval (if any):		DATE FEB 1 3 2014