Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	.		WELL API NO.
District II - (575) 748-1283	OIL CONSERVATION DIVISION		30-045-27573
811 S. First St., Artesia, NM 88210 <u>District 111</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	ή ·		STATE X FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87	/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			E-6633-2
	ICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLI		7. Lease Name of Ome Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Bisti Coal 2
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number #1	
2. Name of Operator			
Elm Ridge Exploration Co LLC			9. OGRID Number
3. Address of Operator			149052 10. Pool name or Wildcat
PO BOX 156		Bisti Lower Gallup	
4. Well Location		Distr Bower Garap	
	40704		
			90'feet from theEastline
Section 2 Township 25N Range 12W NMPM San Juan County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6333' GL			
The state of the s	6333' GL		
12. Check	Appropriate Box to Indicate N	ature of Notice,	Report or Other Data
NOTICE OF INTENTION TO:			
			BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	Ξ 1		
TEMPORARILY ABANDON			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM		OTUED.	RTP X
OTHER:	leted operations (Clearly state all a	OTHER:	RTP X and give pertinent dates, including estimated date
			ompletions: Attach wellbore diagram of
proposed completion or re		o. Tor Multiple Co	•
proposed completion of the			RCVD MAR 6'14
OIL CONS. DIV.			
Elm Ridge Exploration CO LLC returned this well to production on 3-4-14.			
Zim mage Exploration	CO EEO ICCAINCO CIIIS VI	on to produc	
•			
			•
<u> </u>			<u> </u>
Sd D 12-2-1991	n' palaas n		
Spud Date:	Rig Release Da	ite:	
I hereby certify that the information	above is true and complete to the be	est of my knowledg	ge and belief.
1 /			
	TITLE C.	D 1 4	DATE 2.6.14
SIGNATURE	111LE Sr.	Regulatory Super	visorDATE3-6-14
Tune or print name Mark	F-mail address: amag	kov1@almridaa n	et PHONE: _505-632-3476
Type or print name Amy Mack For State Use Only	Ly L-mail addressamac	ncy i weimi luge.li	
	TOP DECORD		MAAD 2 A 201A
APPROVED BY: ACCEPTE	D FOR RECORD		DATE MAR 2 4 2014
Conditions of Approval (if any):			
	P		