| Submit 3 Copies To Appropriate District | State of New Mexico | Form C-103 |
|--|---|---|
| Office District I | Energy, Minerals and Natural Resources | June 19, 2008 |
| 1625 N. French Dr., Hobbs, NM 88240 | | WELL API NO. |
| District II 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | 30-045-27556 5. Indicate Type of Lease |
| District III | 1220 South St. Francis Dr. | STATE STEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM | , | V-2260 |
| 87505 SUNDRY NOT | ICES AND REPORTS ON WELLS | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPO | DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | 7. Zeuse Nume et em rigreement Nume |
| | ICATION FOR PERMIT" (FORM C-101) FOR SUCH | Bisti Coal 36 |
| PROPOSALS.) 1. Type of Well: Oil Well | ☐ Other ☐ Other | 8. Well Number |
| | | 1 |
| 2. Name of Operator Elm Ridge Exploration Company | ПС | 9. OGRID Number 149052 |
| 3. Address of Operator | ELC | 10. Pool name or Wildcat |
| P.O. Box 156, Bloomfield NM, 87 | 7413 | Basin Fruitland Coal |
| 4. Well Location | | |
| Unit Letter_A : 1165 feet from the North line and 1220 feet from the East line | | |
| Section 36 Township 25N Range 12W NMPM San Juan County | | |
| | 11. Elevation (Show whether DR, RKB, RT, GR, et | |
| | 6401' GR | |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OTHER: OTHER: Return to production DOWNHOLE of Starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. The Above well has been returned to production as of 2-13-15. SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB CASIN | | |
| | | \ MMOCD |
| <u> </u> | | DISTRICTIN |
| Spud Date: 1-13-90 | Rig Release Date: | |
| Spud Date. | Kig Kelease Date. | |
| A | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | |
| SIGNATURE DATE: 2-18-15 | | |
| Type or print nameAmy Archuleta E-mail address:aarchuleta@elmridge.net PHONE: _505-632-3476 ext 201 | | |
| For State Use Only | • - | |
| APPROVED BY: | TITLE ACCEPTED FOR F | RECORD DATE |
| Conditions of Approval (if any): | | |

X.