Form 3160-5 (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

5. Lease Serial No.

Jicarilla Contract 360

6/If Indian,	Allottee	or Tribe	Name

Jicarilla Apache

2. Name of Operator Elm Ridge Exploration Company, 1 3a. Address PO Box 156, Bloomfield, NM 874 4. Location of Well (Footage, Sec., T., R., M., 790' FSL X 1850' FEL O - Sec. 1-T22N-R3W 12. CHECK APPROPRIATE BOX(ES) T	13 or Survey Description)	3b. Phone No. (include area code) 505-632-3476 x 201 RE OF NOTICE, REPORT, OR O	8. Well Name and No. Chacon Amigos #5 9. API Well No. 30-043-20536 10. Field and Pool, or Exploratory Area West Lindrith Gallup Dakota 11. County or Parish, State Sandoval County, NM
X Oil Well Gas Well Of 2. Name of Operator Elm Ridge Exploration Company, I 3a. Address PO Box 156, Bloomfield, NM 874 4. Location of Well (Footage, Sec., T., R., M., 790' FSL X 1850' FEL O - Sec. 1-T22N-R3W 12. CHECK APPROPRIATE BOX(ES) T TYPE OF SUBMISSION	LLC 13 or Survey Description) O INDICATE NATUR TYPE OF ACTION	505-632-3476 x 201	Chacon Amigos #5 9. API Well No. 30-043-20536 10. Field and Pool, or Exploratory Area West Lindrith Gallup Dakota 11. County or Parish, State Sandoval County, NM
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12. CHECK APPROPRIATE BOX(ES) T TYPE OF SUBMISSION	TYPE OF ACTION	RE OF NOTICE, REPORT, OR O	
TYPE OF SUBMISSION	TYPE OF ACTION	RE OF NOTICE, REPORT, OR O	THER DATA
Notice of Intent	Acidize		
	Alter Casing	Fracture Treat Recla	ction (Start/Resume) Water Shut-Off mation Well Integrity
Subsequent Report	Casing Repair Change Plans		nplete Otherorarily Abandon
Final Abandonment Notice	Convert to Injection	Plug Back Water	Disposal
Elm Ridge Exploration Co LLC has	s returned this wel	MAR 2006	8 MAR 7 AM 11 57 RECEIVED OTO FARMINGTON HIM
14. I hereby certify that the foregoing is true an	a correct	المراج الدراك المراك ال	
Name (Printed/Typed) Amy Macket	my Mackey Proc		oduction Assistant
Signature Mu	aller	Date	March 3, 2006
	THIS SPACE	FOR FEDERAL OR STATE USE	
Approved by	\overline{U}	Title	Date
Conditions of approval, if any, are attached. Approcertify that the applicant holds legal or equitable tiwhich would entitle the applicant to conduct operat	tle to those rights in the sulions thereon.	bject lease	or agency of the United States any false, fictitious or

(Instructions on reverse)

NMOCD WAR 1 0 2006

