Office Office	State of New Mexico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resource	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-045-25010
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	2,	L 2986
87505	ICEC AND DEPORTS ON WELLS	7 I am Name on Huit Assessment Name
SUNDRY NOTICES AND REPORTS ON WELLS (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.)		7. Lease Name or Unit Agreement Name New Mexico State
1. Type of Well: Oil Well Gas Well Other		8. Well Number #3
2. Name of Operator		9. OGRID Number
Elm Ridge Exploration Co LLC		24139
3. Address of Operator		10. Pool name or Wildcat
PO BOX 156 Bloomfield NM 874	413	Nageezi Gallup
4. Well Location		
Unit LetterG	: 1650 feet from the North line and	1650 feet from the East line
Section 32	Township 24N Range	08W NMPM San Juan County
	11. Elevation (Show whether DR, RKB, RT, GR	R, etc.)
经 基金 图 20 10 10 10 10 10 10 10 10 10 10 10 10 10	7010' GR	
12. Check	Appropriate Box to Indicate Nature of No	tice, Report or Other Data
NOTICE OF IN	ITENTION TO:	SUBSEQUENT REPORT OF:
TEMPORARILY ABANDON		E DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CE	-
DOWNHOLE COMMINGLE	MOETH EE COMME	
CLOSED-LOOP SYSTEM		
OTHER:	☐ OTHER:	Return To Production
		ls, and give pertinent dates, including estimated date
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple	le Completions: Attach wellbore diagram of
proposed completion or rec	completion.	
Elm Ridge Explora	ation Co LLC returned this well to production on	10-20-15.
	The state of the s	
		OIL CONS. DIV DIST. 3
		OCT 9 A 2015
		OCT 3 0 2015
05.11.01		
Spud Date: 05-11-81	Rig Release Date: N/A	
I hereby certify that the information	above is true and complete to the best of my know	wledge and belief.
1		
// //		
SIGNATURE	TITLESr. Regulatory S	upervisorDATE10-23-15
True on soint	lete E mell - 11	PHONE FOR CO. A.F.
	leta E-mail address:aarchuleta@elm	riage.net PHONE: _505-632-3476
For State Use Only		
APPROVED BY:		
	TITLE	DATE
Conditions of Approval (if any):	TITLE	DATE
Conditions of Approval (if any):	TITLE	DATE