

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-045-24901
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. L-2986
7. Lease Name or Unit Agreement Name State of New Mexico 36
8. Well Number 21
9. OGRID Number 149052
10. Pool name or Wildcat Lybrook Gallup
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6890 G.I.

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.)
1. Type of Well: Oil Well [] Gas Well [] Other []
2. Name of Operator Elm Ridge Exploration Co LLC
3. Address of Operator PO BOX 156 Bloomfield NM 87413
4. Well Location Unit Letter C : 590 feet from the North line and 2030 feet from the West line
Section 36 Township 24N Range 8W NMPM San Juan County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []
CLOSED-LOOP SYSTEM []
OTHER: []
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []
OTHER: Return to Production [X]

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well was returned to production on 9-28-16.

OIL CONS. DIV DIST. 3

OCT 06 2016

Spud Date: 5-12-1981

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Sr. Regulatory Supervisor DATE 9-28-16

Type or print name Amy Archuleta E-mail address: aarchuleta@elmridge.net PHONE: 505-632-3476

For State Use Only

APPROVED BY: Accepted For Record TITLE AV DATE 10-12-16
Conditions of Approval (if any):