Form 3160-5 UNITED STATES (November 1994) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT SEP 1 1 2009 SUNDRY NOTICES AND REPORTS ON WELLS BIA # 11 Do not use this form for proposals to drill requirementers an increment 6. If Indian, Allottee or Tribe Name

FORM APPROVED

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Exp	orres	July	31,	19
 Carial	NT.			

Lease Serial No.

4. I hereby certify that the foregoing Name (Printed/Typed) Signature	the above well is as follows for MCF, Bee-Line Gas S BBLS of oil, Tank # 1070 is true and correct Duggins THIS SPACE FO	Title Date DR FEDERAL OR ST Title	06 Tubing production of the pr	on Assistant ber 1, 2009 ACCE	PSI, 45 PSI, RCVD SEP 17'09 OIL CONS. DIV. DIST. 3
First delivery information for Casing pressure 280 PSI, 18 Casing pressure 145 PSI, 6 4. Thereby certify that the foregoing Name (Printed/Typed) Sharla [Signature]	the above well is as follows the above well is as follows the section of the sect	ows on June 5,20 Systems, June 13, 07, Western Refi	06 Tubing production of the pr	essure 150 F pressure 14 non Assistant nber 1, 2009	PSI, 45 PSI, RCVD SEP 17'09 OIL CONS. DIV. DIST. 3
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determined that the site is ready for final inspe	·				
Describe Proposed or Completed Operatiff the proposal is to deepen directionally Attach the Bond under which the work Following completion of the involved op Testing has been completed. Final Ab	y or recomplete horizontally, give sub will be performed or provide the Bo erations. If the operation results in a andonment Notices shall be filed only	osurface locations and measured No. on file with BLM. a multiple completion or re	ured and true vertical BIA Required subsecompletion in a new	l depths of all pert equent reports shall interval, a Form 31	tinent markers and zones be filed within 30 days 160-4 shall be filed once
Final Abandonment Notice	Convert to Injection	Plug Back	Water Dispo		
X Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon	Recomplete Temporarily		Other First Delivery Notice
Notice of Intent	Acidize [Deepen Fracture Treat	Production	(Start/Resume)	Water Shut-Off Well Integrity
TYPE OF SUBMISSION	TYPE OF ACTION				
2. CHECK APPROPRIATE BO	T	JRE OF NOTICE, RI	EPORT, OR OTI	HER DATA	
360' FNL X 1355' FWL			Rio Arriba County, NM		
Sec 20-T24N-R5W				11. County or P	
. Location of Well (Footage, Sec.,	7)			WC Basın Mancos	
P O. Box 156 Bloomfield, N	505-632-3476			Field and Pool, or Exploratory Area	
Elm Ridge Exploration a. Address		3b. Phone No. (include	de area code)	30-039-277	
Name of Operator				carilla Apache B-9-E API Well No.	
Oil Well X Gas Well	(and No.	
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	.ICATE – Other instruc	ctions on revers	e side		
				7. If Unit or C	A/Agreement, Name and/or N
	Use Form 3160-3 (APD)			I	

(Instructions on reverse)