UNITEF ATES DEPARTMENT C. . HE INTERIOR **BUREAU OF LAND MANAGEMENT**

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

5. Lease Serial No

SUNDRY NOTICES AND REPORTS ON WELL-Sau of Land Managar NMNM-31311

Do not use this form for proposals to drill or reentergann Field Olice 6. If Indian, Allottee or Tribe Name abandoned well. Use Form 3160-3 (APD) for such proposals.

7. If Unit or CA/Agreement, Name and/or N

SUBMIT IN TRIPLICATE - Other instructions on reverse side					
1. Type of Well Oil Well 🗓 Gas Well	Other	and the second s		N/A N/M 8. Well Name	NM 89353 and No.
Name of Operator Elm Ridge Resources, Inc.				West Bisti (9. API Well N	
3a. Address PO Box 156, Bloomfield, NM	L		30-045-320 10. Field and P	94 ool, or Exploratory Area	
Location of Well (Footage, Sec., T 1591' FSL X 1097' FEL				Basin Fruitl 11. County or I	
// "I" Sec 25-T25N-R13W 12. CHECK APPROPRIATE BOX	56. 24 4614 (ES) TO INDICATE NAT	<i>10§ 10 59.8 6</i> URE OF NOTICE, RE	EPORT, OR OT	San Juan C HER DATA	County, NM
TYPE OF SUBMISSION	TYPE OF ACTION				
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production	(Start/Resume)	Water Shut-Off Well Integrity
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon Plug Back	Recomplet Temporari		Other First Delivery notice.

Attach the Bond under which the work will be performed or provide the Bond No on file with BLM/BIA. Required subsequent reports shall be filed within 30 days Following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once Testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection)

First delivery information for the above well is as follows on November 6, 2006. Tubing pressure 100 PSI, Casing pressure 100 PSI, 53 MCF, Bee- Line Gas Systems

AFMSS

SEP 14 2009

14. I hereby certify that the foregoing is true and correct			
Name (Printed/Typed)	Title		
Sharla Duggins	Production Technician		
Signature Maria Dugains	Date	Date September 3, 2009	
THIS SPACE FO	OR FEDERAL OR STATE	USE	
Approved by	Title	Date	
Conditions of approval, if any, are attached. Approval of this notice does not we certify that the applicant holds legal or equitable title to those rights in the subjewhich would entitle the applicant to conduct operations thereon			

(Instructions on reverse)

fraudulent statements or representations as to any matter within its jurisdiction

SEP 1 4 2009

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BY	CVVI	