Form 3160-5 (November 1994)

UNITED STATES

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS

FORM A	PPRO	VEI
OMB No.	1004	I-013
Froins In	Tv 31	199

Lease Serial No.

NM	11	0324
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Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.			6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPL	 CATE	ions on reverse	(本情) eside	7. If Unit or CA/Agreement, Name and/or No.	
I. X Oil Well Gas Well	Other	FEB 18 20°	11	8. Well Name and No.	
2. Name of Operator		Farmington Field	Office	Dome Federal 24-21	
ELM RIDGE EXPLORATION		reau of Land Man		9. API Well No.	
3a. Address		. Phone No. (include		30-045-25244	
PO BOX 156 BLOOMFIELD	PO BOX 156 BLOOMFIELD NM 87413 505-632-3476 EXT 212		T 212	10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Lybrook Gallup		
510' FNL x 1920' FWL		11. County or Parish, State			
"C" Sec 24 -T23N-R8W			SOM UKAA Rio-Arriba, NM		
12. CHECK APPROPRIATE BOX	K(ES) TO INDICATE NATUR	E OF NOTICE, RE	PORT, OR OTH	HER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				
Notice of Intent Subsequent Report	Acidize Alter Casing Casing Repair	Deepen Fracture Treat New Construction	Reclamation Recomplete	Other	
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back	Temporarily Water Dispo		
Attach the Bond under which the work Following completion of the involved ope	or recomplete horizontally, give subsused will be performed or provide the Bond arations. If the operation results in a randonment Notices shall be filed only ction.)	rface locations and measu. No. on file with BLM/I multiple completion or rec- after all requirements, in-	red and true vertical 3IA. Required subsompletion in a new cluding reclamation,	I depths of all pertinent markers and zones, equent reports shall be filed within 30 days interval, a Form 3160-4 shall be filed once have been completed, and the operator has	
14. I hereby certify that the foregoing i	s true and correct			E JOINS. DIV. DIST 3	
Name (Printed/Typed)		Title			
	Bemrose	Administrative Specialist			
Signature Shala	Benose	Date			
	THIS SPACE FOR	R FEDERAL OR STA	ATE USE	ACCEPTED FOR RECORD	
Approved by		Title		PEB 1 8 2011	
Conditions of approval, if any, are attached certify that the applicant holds legal or equi which would entitle the applicant to conduct	table title to those rights in the subject			FARMINGTON FIELD OFFICE	
Title 18 U.S.C. Section 1001, makes it a fraudulent statements or representations			ny department or	agency of the United States any false, fictitious or	

(Instructions on reverse)