Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-1	
District I	Energy, Minerals and Natural Resources		June 19, 2 WELL API NO.	8002
1625 N. French Dr., Hobbs, NM 88240 District II	·		30-045-26810	
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	100 Pio Prozos Pd. Aztes NM 97410		STATE FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	20 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No. V-2260	
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			7. Lease Name or Unit Agreement Nam Karen Hixon	ie
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 1	
2. Name of Operator Elm Ridge Exploration LLC Co			9. OGRID Number 149052	
3. Address of Operator			10. Pool name or Wildcat	
Po Box 156, Bloomfield NM 87413			Bisti Lower Gallup	Ì
4. Well Location				
Unit Letter_A:_500_	_feet from the _North line and _4	00feet from the	Eastline	
Section 36 Township 25N Range 12W NMPM San Juan County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6401' GR				
12. Check A	Appropriate Box to Indicate N	ature of Notice	, Report or Other Data	
NOTICE OF IN	ITENTION TO:	CHE	BSEQUENT REPORT OF:	
NOTICE OF INTENTION TO: SUE PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				П
		RILLING OPNS. P AND A		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN		IT JOB 🔲		
DOWNHOLE COMMINGLE				
OTHER:	П	OTHER: Return	To Production	
13. Describe proposed or comp		pertinent details, a	nd give pertinent dates, including estimated	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion				
or recompletion.				
The above well has been returned to	production as of February 23, 2011	•		
			RCVD FEB 28'11	
			OIL CONS. DIV.	
			DIST. 3	
Saud Date: 12-21-87		2-23-11		
Spud Date:	Rig Release Da	ate:		
I hereby certify that the information	above is true and complete to the be	est of my knowled	ge and belief.	
O_{a}				
SIGNATURE XILLIA X	TITLE: Admin	nistrative Specialis	tDATE:_2-25-11	
			t PHONE: 505-632-3476 ext 201_	
	FAND OUN STITLE		DATE	
APPROVED BY CLUDION FOR TOCK TITLE Conditions of Approval (if any):			DATE_	
	tv			