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Submit's Copies To Appropriate District	State of No	ew Mexico		Form C-103
Office	Energy, Minerals an			Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 88240	2.10.6J, 14111101013 011		WELL API NO.	
District II	OII CONCEDIA	TIONATOR		30-045-31606
811 South First, Artesia, NM 87210	OIL CONSERVA		5. Indicate Type of	f Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South S	St. Francis Dr.	STATE D	of FEE □
District IV	Santa Fe, l	NM:87505	State Oil & G	
1220 S. St. Francis Dr., Santa Fe, NM 87505	1	FEB 2004	[3]	E-6597-2
SUNDRY NOTIC	ES AND REPORTS ON	WELLS ON.	Lease Name or	Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA	LS TO DRILL OR TO DEEPEN	OR PLUG BACK TO A	9	-
PROPOSALS.)	(150	I	
1. Type of Well:	, WATER	DISPOSAL WELL	CENT	TRAL BISTI WDW
Oil Well Gas Well	Other Trial	TO GET STOP		
2. Name of Operator			8. Well No.	
ELM RIDGE RESOURCES,	INC.		0 0 1	161
3. Address of Operator			9. Pool name or V	i i
P. O. BOX 189, FARMIN	GTON, NM 87499		<u> </u>	SWD; ENTRADA
4. Well Location				
Unit Letter	1067 feet from the	NORTH line and 22	286 feet fro.	n the EAST line
Unit Letter:	ieet from the	ine and	leet iroi	in theinto
Section 16	Township 2!	5N Range 12W	NMPM	Count SAN JUAN
Section 10		ether DR, RKB, RT, GR, etc	TOTAL PROPERTY OF THE PROPERTY	
	TO. LICYATION (DROW WIT	CHICI DA, KKD, KI, GK, EK		
11 Chack Ar	propriate Boy to India	cate Nature of Notice,	Report or Other	Data
			-	
NOTICE OF INT			SEQUENT RE	ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON [REMEDIAL WOR	л Ц	ALTERING CASING L
TEMPORARILY ABANDON	CHANGE PLANS	☐ COMMENCE DR	ILLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE [CASING TEST A		ABANDONMENT
OTHER: RENEW APPROVA		OTHER:	•	
	d amountings (CI) to a s	/	rivo montinont datas	including estimated data
12. Describe proposed or complete of starting any proposed work).	operations. (Clearly states SEE RULE 1103. For M	le all pertinent details, and guiltiple Completions: Attac	give pertinent dates, h wellbore diagram	of proposed completion
or recompilation.	- · · · · • • • · ·		J	·
•	AL RE EXTENDED OF	VE YEAR		
REQUEST APD APPROVAL BE EXTENDED ONE YEAR				
	7 Exp 3.)/ -/		
\sim	1 CM 5.	- 4- OS		
	1	-		
	0			
I hereby certify that the information	about is true and complet	e to the best of my knowled	lge and belief.	
12/100	Z/\		· · · · · · · · · · · · · · · · · · ·	D. TE 2-15-04
SIGNATURE		TITLE CONSULTANT		DATE_2-15-04
Type or print name BRIAN W	000D	(505) 46	6-8120 _{Tele}	ohone No.
(This space for State use)	///	MEDITA UN O CYC :		
ADDDDOVED DV	ffk. In	DEPUTY OIL & GAS I	rafelium, Mai. 🕸	FFH 10 200
APPPROVED BY Conditions of approval, if any:	- Here	m Lt.		DATE CO 13 ZU

cc: Elm - Dall., Farm.