| Form 3160-5 UNITED STATES (November 1994)  DEPARTMENT OF THE INTERIOR  PORT BURFALLOF LAND MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                 |              | 5. La              | FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996  5. Lease Serial No. |                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------|--------------|--------------------|----------------------------------------------------------------------------|--------------------------------------------------|--|
| MAR 22 2011 BUREAU OF LAND MANAGEMENT  MAR 22 SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                 |              | SF-0               | SF-080472-A                                                                |                                                  |  |
| Do not use this form for proposals to drill or reenter an Farming Held Olli.  Bureau or allo Wallay Surv.  Bureau or allo Wallay Surv.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                 |              | 6. If              | 6. If Indian, Allottee or Tribe Name                                       |                                                  |  |
| SUBMIT IN TRIPLICATE — Other instructions on reverse side  1. Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                 |              | 7. If              | 7. If Unit or CA/Agreement, Name and/or No.                                |                                                  |  |
| X Oil Well Gas Well Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                 |              | 8. W               | 8. Well Name and No.                                                       |                                                  |  |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                 |              | Ton                | Tonkin #3                                                                  |                                                  |  |
| Elm Ridge Exploration LLC co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                 |              | 9. A               | 9. API Well No.                                                            |                                                  |  |
| 3a. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3b. Phone No. (include area code) |                 |              |                    | 30-039-21959                                                               |                                                  |  |
| Po Box 156, Bloomfield NM 87413                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                 |              | _                  | 10. Field and Pool, or Exploratory Area                                    |                                                  |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                 |              |                    | W. Lindrith Gallup Dakota                                                  |                                                  |  |
| 890' FSL & 700' FWL Sec. 17-T24N-R3W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                 |              | 11. C              | 11. County or Parish, State                                                |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                 |              | Rio /              | Rio Arriba, Nm                                                             |                                                  |  |
| 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | URE OF 1                          | NOTICE, RE      | PORT, OR C   | THER I             | ATA                                                                        |                                                  |  |
| TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                 |              |                    |                                                                            |                                                  |  |
| Notice of Intent Acidize Alter Casing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Deepo                             | en<br>ure Treat | X Production | on (Start/R<br>ion | esume)                                                                     | Water Shut-Off Well Integrity                    |  |
| X Subsequent Report ☐ Casing Repair ☐ Change Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | Construction    | Recomple     |                    | امید                                                                       | Other                                            |  |
| Change Plans   Plug and Abandon   Temporarily Abandon     Final Abandonment Notice   Convert to Injection   Plug Back   Water Disposal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                 |              |                    |                                                                            |                                                  |  |
| 13. Describe Proposed or Completed Operations (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof.  If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. 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.) |                                   |                 |              |                    |                                                                            |                                                  |  |
| Elm Ridge Exploration has returned the above well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | back to                           | productio       | n as of Mai  |                    | 2011.                                                                      | 75262128293037<br>RECEIVED 34                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                 |              |                    | 20212                                                                      | RECEIVED 34 MAR 2011 65 DIL CONS. DIV. DIST. 3 8 |  |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Title                             |                 |              |                    |                                                                            |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                 |              | trative            | ative Specialist                                                           |                                                  |  |
| Signature Shala Benose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date                              | Date Marcl      |              |                    | 21, 2011                                                                   |                                                  |  |
| THIS SPACE FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OR FEDE                           | RAL OR STA      | ATE USE      |                    | NU                                                                         | UEF IEU : VIII                                   |  |
| Approved by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | Title           |              |                    | Date                                                                       | MAR 2 3 2011                                     |  |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those nights in the subject lease which would entitle the applicant to conduct operations thereon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | Office          | BY           |                    |                                                                            | Y                                                |  |
| Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                 |              |                    |                                                                            |                                                  |  |

جيمت د اندار

NMOCD