Form 3160-5 (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1999

;	Leage	Serial	No

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Do not use this abandoned well.	6. If Indian, Allottee or Tribe Name					
SUBMIT IN TRIPL	ICATE – Other instruc	tions on reverse	e şid e	7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well		JAN 18 13 14	1000	Carson Unit		
X Oil Well Gas Well	Other	/O, V	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	8. Well Name and No.		
2. Name of Operator		MAR 200		Carson Unit 15 #32		
Elm Ridge Resources, Inc.		to Meco	72 (2)	9. API Well No.		
3a. Address	3	1. ∩ Phone Yo, finclude	artic code	30-045-05398		
PO Box 189 Farmington, NM 8	37499	05-632-3 #7 6	Maria (Maria)	10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R.	, M., or Survey Description)			Bisti Lower Gallup		
1980' FNL & 1980' FEL				11. County or Parish, State		
Sec. 15-T25N-R12W						
		to Amelia 1		San Juan, NM		
12. CHECK APPROPRIATE BOX(E	S) TO INDICATE NATURE O	F NOTICE, REPORT	, OR OTHER DA	TA		
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent Acidize Alter Casing Casing Repair Change Plans		Deepen Production (Start/Resume) Fracture Treat Reclamation New Construction Recomplete X Plug and Abandon Temporarily Abandon Plug Back Water Disposal		Well Integrity Other Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back		osed work and approximate duration thereof.		
Attach the Bond under which the work Following completion of the involved op Testing has been completed. Final Ab determined that the site is ready for final inspe	will be performed or provide the Bo erations. If the operation results in a andonment Notices shall be filed onl action.)	nd No on file with BLM multiple completion or re y after all requirements, i	I/BIA. Required sub- ecompletion in a new including reclamation,	al depths of all pertinent markers and zones, sequent reports shall be filed within 30 days interval, a Form 3160-4 shall be filed once have been completed, and the operator has		
Certified Return Receipt # 700	o1 0320 0002 6707 1347					
14. I hereby certify that the foregoing is to		· · · · · · · · · · · · · · · · · · ·				
Name (Printed/Typed)		Title	Droduct	ion Technician		
	Frubelnik A	<u></u>	Product	IOT TECHNICIAN		
Signature Date Date			March 5, 2002			
	THIS SPACE F	OR FEDERAL OR ST	ATE USE	, GIT HEVOIT		
Approved by		Title		Date 1 3 2002		
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu	varrant or Office		Smm			
Title 18 U.S.C. Section 1001, makes it a cr fraudulent statements or representations as	rime for any person knowingly and w	illfully to make to any dep	partment or agency o	f the United States any false, fictitious or		