

UNITED STATES
DEPARTMENT OF THE INTERIOR **RECEIVED**
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1996

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
Jicarilla Contract 360
6. If Indian, Allottee or Tribe Name
Jicarilla Apache Tribe
7. If Unit or CA/Agreement, Name and/or N
N/A
8. Well Name and No.
Bonanza #6
9. API Well No.
30-043-20521
10. Field and Pool, or Exploratory Area
W. Lindrith Gallup Dakota
11. County or Parish, State
Sandoval County, New Mexico

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
☒ Oil Well ☒ Gas Well ☐ Other
2. Name of Operator
DJR Operating, LLC
3a. Address
1600 Broadway, Suite 1960 Denver, CO 80202
3b. Phone No. (include area code)
(303) 595-7433
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
790 FSL x 1850 FEL
"O" Sec. 12-T22N-R3W

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize <input type="checkbox"/> Deepen <input type="checkbox"/> Production (Start/Resume) <input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing <input type="checkbox"/> Fracture Treat <input type="checkbox"/> Reclamation <input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair <input type="checkbox"/> New Construction <input type="checkbox"/> Recomplete <input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans <input type="checkbox"/> Plug and Abandon <input type="checkbox"/> Temporarily Abandon <input type="checkbox"/> Change Of Operator
	<input type="checkbox"/> Convert to Injection <input type="checkbox"/> Plug Back <input type="checkbox"/> 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 recompleat 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 recompleat 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.)

Effective July 25, 2017, operations of the above well were transferred from Elm Ridge Exploration CO LLC to DJR Operating, LLC. Bond coverage pursuant to 43 CFR 3104 for lease activities is being provided by DJR Operating, LLC under its BIA nationwide bond, Bond # B010611 and B010612. DJR Operating will be responsible for compliance under the terms and conditions of the lease.

OIL CONS. DIV DIST. 3

AUG 25 2017

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed) Amy Archuleta Title Regulatory Supervisor
Signature [Signature] Date July 31, 2017

THIS SPACE FOR FEDERAL OR STATE USE

Approved by Dave Mankiewicz Title AFM Date 8/22/17
Office EFO

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 rights in the subject lease which would entitle the applicant to conduct operations thereon.

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.

(Instructions on reverse)

NMOCD

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