

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

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 PROPOSALS.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. <b>30-045-27764</b>
2. Name of Operator <b>DJR Operating, LLC</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator <b>PO BOX 156 Bloomfield NM 87413</b>		6. State Oil & Gas Lease No. <b>E-6597-2</b>
4. Well Location Unit Letter <b>K</b> : <b>1980'</b> feet from the <b>SOUTH</b> line and <b>1850'</b> feet from the <b>WEST</b> line Section <b>16</b> Township <b>25N</b> Range <b>12W</b> NMPM County <b>San Juan</b>		7. Lease Name or Unit Agreement Name <b>Bisti Coal 16</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>6270' GR</b>		8. Well Number <b>2</b>
9. OGRID Number <b>371838</b>		10. Pool name or Wildcat <b>Basin Fruitland Coal</b>

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <b>Return to Production</b> <input checked="" type="checkbox"/>	
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**This well was returned to production on 7-21-17.**

OIL CONSERVATION DIST. 3  
 11/16/17

Spud Date: **8-10-1990**

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE \_\_\_\_\_ TITLE **Regulatory Supervisor** DATE **11-6-17**

Type or print name **Amy Archuleta** E-mail address: **aarchuleta@djrlc.com** PHONE: **505-632-3476**

**For State Use Only**

APPROVED BY: **Accepted for Record** TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any): **AV**