Form 3160-5 (November 1994)	UNITED STATES RECEIVED			FORM APPROVED OMB No. 1004-0135		
DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT AUG 1 0 2013 SUNDRY NOTICES AND REPORTS ON WELLS					Expires July 31, 1996 5. Lease Serial No.	
				NMSF 078915		
Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals. Id Office					6. If Indian, Allottee or Tribe Name	
		Burea	e of Lond (Management	7. If Unit or CA/Agreement, Name and/	or N
	ICATE – Other instruc	tions o	on reverse	e side	-	
 Type of Well Oil Well X Gas Well Other 					8. Well Name and No.	
2. Name of Operator					Mobile Federal 1	
DJR Operating, LLC					9. API Well No.	
3a. Address			ne No. (includ	e area code)	30-039-23073	
1 Road 3263 Aztec, NM 874	10	505-632-3476 x201			10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					W. Lindrith Gallup/Dakota	
790' FSL X 790' FWL				11. County or Parish, State		
M' Sec. 35-T24N-R3W SW/SW						
					Rio Arriba County, NM	
12. CHECK APPROPRIATE BO	X(ES) TO INDICATE NATU	RE OF N	NOTICE, RE	PORT, OR OT	HER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	Acidize	Deepe			(Start/Resume) UWater Shut-Off	
Subsequent Report	Alter Casing Casing Repair	_	re Treat	Reclamation Recomplete		
Final Abandonment Notice	Change Plans	Plug a Plug B	nd Abandon Back	Temporari	ly Abandon	
DJR Operating, LLC has	ction.)			18	have been completed, and the operator has	
A					CEFTED FOR RECORD	
N M G C D					AUG 1 3 2018	
AUG 1 6 2018				RMINGTON FIELD OFFICE		
	DISTRICT	11 _	n	В	y: William Tambekou	1
14. I hereby certify that the foregoing	g is true and correct					_
Name (Printed/Typed)		Title				
	rchuleta			R	egulatory	
Signature	A	Date		Aug	ust 10, 2018	
/	THIS SPACE FO	OR FEDE	RAL OR ST			
Approved by Title				Date		
Conditions of approval, if any, are attached ertify that the applicant holds legal or equ which would entitle the applicant to conduc		Office				
Title 18 U.S.C. Section 1001, makes in fraudulent statements or representation			fully to make	to any departme	nt or agency of the United States any false,	fictitiou
(Instructions on reverse)						

NMOCDAY