Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.					NMSF078272A	
					6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well					8. Well Name and No. CAMPOS 2 #	
☑ Oil Well ☐ Gas Well ☐ Other						
2. Name of Operator Contact: SHAW-MARIE CRUES DJR OPERATING LLC E-Mail: scrues@djrllc.com					9. API Well No. 30-039-05162	
3a. Address 1 ROAD 3263 AZTEC, NM 87410 3b. Phone No. (include area code) Ph: 505-632-3476					10. Field and Pool or Exploratory Area GALLUP SOUTH DAKOTA	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State	
Sec 4 T23N R7W NESW 36.253810 N Lat, 107.581840 W Lon					RIO ARRIBA COUNTY, NM	
12. CHECK THE AF	PPROPRIATE BOX(ES)	TO INDICAT	TE NATURE O	F NOTICE.	, REPORT, OR OTI	HER DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
□ Notice of Intent	☐ Acidize	☐ Deep	en	□ Produc	tion (Start/Resume)	☐ Water Shut-Off
- Comments of the sourcestable	☐ Alter Casing	☐ Hyd	raulic Fracturing	☐ Reclam	nation	☐ Well Integrity
Subsequent Report	☐ Casing Repair	□ New	Construction	□ Recom	plete	Other
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug	and Abandon		rarily Abandon	
	☐ Convert to Injection	☐ Plug	Back	Back Water Disposal		
testing has been completed. Final Al determined that the site is ready for f DJR Operating, LLC has return	inal inspection.			ing reclamation	on, have been completed	and the operator has
NMOCD						
E Participant of the Control of the						019
DISTRICT III						
14. I hereby certify that the foregoing is true and correct. Electronic Submission #460423 verified by the BLM Well Information System For DJR OPERATING LLC, sent to the Farmington						
Committed to AFMSS for processing by MELISSA REEVES-WIENTJES o Name (Printed Typed) SHAW-MARIE CRUES Title HSE TECHNICIAN						
Name (Printed Typed) SHAW-MARIE CRUES Tit				ECHNICIAN	V	
Signature (Electronic	Date 04/04/2019					
	THIS SPACE F	OR FEDERA	L OR STATE	OFFICE U	JSE	/ .
Approved By Conditions of approval, if any, are attached. Approval of this notice does not warrant certify that the applicant holds legal or equitable title to those rights in the subject lea which would entitle the applicant to conduct operations thereon.			Title AFM Date 9/9/1			Date 4/9/19
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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 page 2) ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **



