

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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.*

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

|   |  |   |
|---|--|---|
| 1. Type of Well<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other    |  | 5. Lease Serial No.<br>1420603323                         |
| 2. Name of Operator<br>DJR OPERATING LLC  |  | 6. If Indian, Allottee or Tribe Name                      |
| 3a. Address<br>1 ROAD 3263<br>AZTEC, NM 87410   |  | 7. If Unit or CA/Agreement, Name and/or No.<br>NMNM78386X |
| 3b. Phone No. (include area code)<br>Ph: 505-632-3476   |  | 8. Well Name and No.<br>CENTRAL BISTI UNIT 84             |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>Sec 5 T25N R12W SESE<br>36.426240 N Lat, 108.128290 W Lon |  | 9. API Well No.<br>30-045-25801                           |
|   |  | 10. Field and Pool or Exploratory Area<br>LOWER GALLUP    |
|   |  | 11. County or Parish, State<br>SAN JUAN COUNTY, NM        |

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

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                |   |  |   |
|---|---|---|--|---|
| <input 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 checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <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       | Production Start-up                       |
|   | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back            | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation: 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

DJR RETURNED THIS WELL TO PRODUCTION ON APRIL 4, 2019.

**NMOCD**  
**APR 11 2019**  
**DISTRICT III**

|  |                      |
|--|----------------------|
| 14. I hereby certify that the foregoing is true and correct.<br><b>Electronic Submission #460851 verified by the BLM Well Information System<br/>For DJR OPERATING LLC, sent to the Farmington<br/>Committed to AFMSS for processing by MELISSA REEVES-WIENTJES on 04/10/2019 ()</b> |                      |
| Name (Printed/Typed) SHAW-MARIE CRUES  | Title HSE TECHNICIAN |
| Signature (Electronic Submission)  | Date 04/09/2019      |

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

|   |             |            |
|---|-------------|------------|
| Approved By _____   | Title _____ | Date _____ |
| 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. |             |            |
| Office _____  |             |            |

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 \*\***

**NMOCD** JK

**FARMINGTON FIELD OFFICE**  
By: *[Signature]*