Form 3160-5 (June 2015) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 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.					FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No. NMNM62970 6. If Indian, Allottee or Tribe Name	
					SUBMIT IN TRIPLICATE - Other instructions on page 2	
1. Type of Well ☑ Oil Well □ Gas Well □ Other					8. Well Name and No. UPRC FEDERAL 32 4	
2. Name of Operator Contact: SHAW-MARIE CRUES DJR OPERATING LLC E-Mail: scrues@djrllc.com					 API Well No. 30-045-28024 	
3a. Address 3b. Phone No. (includ 1 ROAD 3263 Ph: 505-632-3476 AZTEC, NM 87410 Ph: 505-632-3476				10. Field and Pool or Exploratory Area LOWER GALLUP		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State	
Sec 4 T24N R10W SWNE 1650FNL 1980FEL 36.345870 N Lat, 107.899490 W Lon					SAN JUAN COUNTY, NM	
12. CHECK THE AI	PPROPRIATE BOX(ES) TO	Q INDICAT	TE NATURE OF	F NOTICE,	REPORT, OR OTH	IER DATA
TYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION					
□ Notice of Intent	□ Acidize				ion (Start/Resume)	U Water Shut-Off
Subsequent Report	 Alter Casing Casing Repair 	e ,		Reclamation Recomplete		□ Well Integrity □ Other
Final Abandonment Notice			and Abandon		arily Abandon	
	Convert to Injection	Convert to Injection Plug Back		U Water D	ter Disposal	
following completion of the involved testing has been completed. Final A determined that the site is ready for f DJR Operating, LLC has return	bandonment Notices must be filed final inspection.	only after all i	equirements, includ	ing reclamation	n, have been completed a	ind the operator has
	NMOCD					
APR 1 6 2019						
DISTRICT III						
						Hanne and the second
14. I hereby certify that the foregoing is true and correct. Electronic Submission #460416 verified by the BLM Well Information System For DJR OPERATING LLC, sent to the Farmington Committed to AFMSS for processing by MELISSA REEVES-WIENTJES on 04/09/2019 ()						
Name (Printed Typed) SHAW-MARIE CRUES Title HSE TECHNICIAN						
Signature (Electronic	Submission)		Date 04/04/2	019		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
Approved By	Vanleick .		Title At	=M		Daty 9/19
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 States any false, fictitious or fraudulent					ake to any department of	agency of the United
(Instructions on page 2) ** OPERA	TOR-SUBMITTED ** OP	ERATOR	SUBMITTED '	* OPERA	TOR-SUBMITTED	FIELD OFFICE
NMOCD JK By M						