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

STINDAY I	5. Lease Serial No. NMNM20304				
SUNDRY I Do not use this		6. If Indian, Allottee or Tribe Name			
abandoned wel					
SUBMIT IN T	7. If Unit or CA/Agree	eement, Name and/or No.			
Type of Well     Oil Well	8. Well Name and No SOUTH BLANCO	FEDERAL 23 / 3			
Name of Operator Contact: SHAW-MARIE CRUES DJR OPERATING LLC E-Mail: scrues@djrllc.com			9. API Well No. 30-045-28163		
3a. Address 1 ROAD 3263 AZTEC, NM 87410	Phone No. (include area code) 505-632-3476	10. Field and Pool or GALLUP SD	10. Field and Pool or Exploratory Area GALLUP SD		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. County or Parish,	11. County or Parish, State	
Sec 23 T24N R8W SWSE 627 36.294229 N Lat, 107.648355	SAN JUAN CO	SAN JUAN COUNTY, NM			
12. CHECK THE AF	PPROPRIATE BOX(ES) TO I	NDICATE NATURE O	F NOTICE, REPORT, OR OT	HER DATA	
TYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION				
☐ Notice of Intent	☐ Acidize	☐ Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off	
	☐ Alter Casing	☐ Hydraulic Fracturing	☐ Reclamation	■ Well Integrity	
Subsequent Report	□ Casing Repair	■ New Construction	☐ Recomplete	Other	
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon	□ Temporarily Abandon	Production Start-up	
	☐ Convert to Injection	☐ Plug Back	☐ Water Disposal		
testing has been completed. Final Ab determined that the site is ready for f	pandonment Notices must be filed only	y after all requirements, includ	impletion in a new interval, a Form 31 ing reclamation, have been completed		
NMOCD					
APR 1 1 2019					
DISTRICT III					
14. I hereby certify that the foregoing is	s true and correct.	la verified by the BLM Wel	II Information System		
Electronic Submission #460849 verified by the BLM Well Information System For DJR OPERATING LL ¢, 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					
Time Tipe Teorintolary					
Signature (Electronic Submission) Dat			019		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
_Approved By Dave Mankiewicz		Title A	1FM	A/16/19	
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 FFO ACCEPTED FOR RECORD		
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 \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

NMOCD