

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM 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.*5. Lease Serial No.  
NMSF080472A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA Agreement, Name and or No.

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

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.  
TONKIN 52. Name of Operator  
DJR OPERATING LLCContact: SHAW-MARIE CRUES  
E-Mail: scrues@djrlc.com9. API Well No.  
30-039-240973a. Address  
1 ROAD 3263  
AZTEC, NM 874103b. Phone No. (include area code)  
Ph: 505-632-347610. Field and Pool or Exploratory Area  
GALLUP DAKOTA

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 18 T24N R03W NESE 1955FSL 510FEL  
36.308650 N Lat, 107.189980 W Lon

11. County or Parish, State

RIO ARRIBA COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production (Start Resume)	<input type="checkbox"/> Water Shut-Off
<input 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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recompletion 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 Operating returned this well to production on 06/02/2019

NMOCD

JUN 12 2019

DISTRICT III

14. I hereby certify that the foregoing is true and correct. Electronic Submission #468380 verified by the BLM Well Information System For DJR OPERATING LLC, sent to the Rio Puerco Committed to AFMSS for processing by MARJORIE BROWN on 06/11/2019 ( )	
Name/Printed Type: SHAW-MARIE CRUES	Title: HSE TECHNICIAN
Signature (Electronic Submission)	Date: 06/10/2019

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

Approved By: _____	Title: _____	ACCEPTED FOR RECORD	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.		JUN 11 2019	
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.		FARMINGTON FIELD OFFICE	

(Instructions on page 2)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

NMOCD