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

SUNDRY NOTICES AND REPORTS ON WELLS

Lease Serial No. NMNM109385

SUMPLY	OTICES AND REPORTS ON WELLS	
Do not use this	form for proposals to drill or to re-enter a	n
	Use form 3160-3 (APD) for such proposa	

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. NMNM135367A			
Type of Well					Well Name and No. VENADO CANYON UNIT 206H			
Name of Operator DJR OPERATING LLC	E CRUES		9. API Well No. 30-043-21292-00-X1					
3a. Address 1600 BROADWAY SUITE 196 DENVER, CO 80202	3b. Phone No. (include area code) Ph: 505-632-3476			10. Field and Pool or Exploratory Area BASIN MANCOS				
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State			
Sec 12 T22N R6W NWSW 1365FSL 214FWL 36.148514 N Lat, 107.428619 W Lon					SANDOVAL COUNTY, NM			
12. CHECK THE AF	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	HER I	DATA	
TYPE OF SUBMISSION		ACTION						
☐ Notice of Intent	☐ Acidize [□ Deepen □		☐ Production (Start/Resume)		☐ Water Shut-Off	
	☐ Alter Casing	☐ Hyd	☐ Hydraulic Fracturing		□ Reclamation		■ Well Integrity	
☑ Subsequent Report	☑ Subsequent Report ☐ Casing Repair		New Construction		nplete		Other	
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug	and Abandon	□ Tempora	rarily Abandon			
$\mathfrak{B} ho$	☐ Convert to Injection	Convert to Injection Plug Back Water Disposal		isposal				
Well spud on 06/03/2019 Set surface casing 12.25 diameter surface 0-364' Ran 14 jts 9 5/8" 36# J-55 ST (23.97' SJ) Pump 10 bbls FW spacer, dur casing, drop plug & disp w/ 25	TVD C csg, <u>set @ 359.17',</u> float	e I-II cmt w/	20% flyash @ 14	4.5 PPG into	e NMOC	D	The San King	
	JUL 1 n 2019							
Seport pressure sest on next sendry DISTRICT III								
	Electronic Submission #4 For DJR OPE Committed to AFMSS for pro	RATING LL	OE KILLINS on 0	mington 6/25/2019 (19				
Name (Printed Typed) SHAW-MARIE CRUES			Title HSE TECHNICIAN					
Signature (Electronic S	Date 06/25/2019							
	THIS SPACE FO	R FEDERA	L OR STATE	OFFICE US	SE .			
Approved By ACCEPTED			JOE KILLINS TitleENGINEER Date 06/2			Date 06/25/2019		
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to conductive the applicant to conductive the applicant to conductive the applicant to conduct	Office Farmington							
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent					ke to any department or	agency	y of the United	

(Instructions on page 2)
** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

