

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-043-21289
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMNM109385
7. Lease Name or Unit Agreement Name VENADO CANYON UNIT
8. Well Number 203H
9. OGRID Number 371838
10. Pool name or Wildcat BASIN MANCOS

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator DJR OPERATING, LLC	
3. Address of Operator 1 ROAD 3263, AZTEC, NM 87410	
4. Well Location Unit Letter M_: 1320 feet from the SOUTH line and 137 feet from the WEST line Section 12 Township 22N Range 8W NMPM SANDOVAL County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 7042 GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> INTER-WELL COMUNICATION	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

DJR OPERATING CONDUCTED STIMULATION ON THE SUBJECT WELL:

START DATE: 10/06/19

DATE INTER-WELL COMMUNICATED: 10/8/19

TYPE: FRACTURE TREATMENT ON STAGE 13 of 29

AVERAGE BOTTOMHOLE PRESSURE: 5766

NITROGEN: 37137 bpm. SAND: 202710 lbs. TOTAL BH FLUID: 2727 bbls

OFFSET OPERATOR AFFECTED: ENDURING RESOURCES, LLC

OFFSET WELLS AFFECTED: CHACO 2206 02P 227H [30-043-21167] & CHACO 2206 2P 228H [30-043-21141]

OFFSET WELLS PRODUCING FORMATION: GALLUP

STANDARD OPERATING PRESSURE OF OFFSET WELLS AFFECTED (not provided)

TYPE OF COMMUNICATION: INCREASE PSI & HIGH N2 CONTENT

Spud Date: 08/26/2019

Rig Release Date: 09/13/2019

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE: REGULATORY SECIALIST DATE: 10/14/2019

Type or print name: Shaw-Marie Ford E-mail address: sford@djrlc.com PHONE: 505-632-3476

For State Use Only **ACCEPTED FOR RECORD**

APPROVED BY: _____ TITLE: _____ DATE: _____

Conditions of Approval (if any):