Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	ON GOVERNMENT THOM BUILDING	20.020.05214
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		NMNM101526
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name John F Brown
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 1
2. Name of Operator		9. OGRID Number 371838
DJR Operating, LLC 3. Address of Operator		10. Pool name or Wildcat
1 Road 3263, Aztec, NM 87410		Blanco P.C. South
4. Well Location		
Unit Letter <u>C</u> :	990_feet from theNline and16	feet from the <u>W</u> line
Section 27 Township 24N Range 02W NMPM Rio Arriba County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
- Janu		
12 Chack	Appropriate Box to Indicate Nature of Not	rice Report or Other Data
12. Check A		•
		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		
TEMPORARILY ABANDON		_
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	□ OTHER:	RTP 🛛
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, LLC has returned this well to production on 1/14/20		
Gas volume: 1 Mscf/d		NMOCD
		MAR 0 3 2020
		DISTRICT III
		DISTRICT
Spud Date: 9/14/56	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE OLio MO	DORNOTO TITLE Regulatory Tech	DATE <u>2/24/20</u>
Type or print name Alice Mascare	nas E-mail address: amascarenas@djrllc.com	PHONE: 505-632-3476
For State Use Only		
ADDROVED BY OAA ALA	5 2 1 - 1 5 7 777 5	DATE
APPROVED BY Cooked S Conditions of Approval (if any):	OI NEON CHILE	DATE
	I - V	