

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

MAY 22 2017

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1996

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NM04075

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or CA/Agreement, Name and/or N
N/A NMMNM 80149

8. Well Name and No.
Arco Gardner 13 1

9. API Well No.
30-039-24072

10. Field and Pool, or Exploratory Area
W. Lindrith-Gallup/Dakota

11. County or Parish, State
Rio Arriba County, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Oil Well Gas Well Other

2. Name of Operator
DJR Operating, LLC

3a. Address
1600 Broadway, Suite 1960 Denver, CO 80202

3b. Phone No. (include area code)
(303) 595-7433

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
990' FSL x 1850' FWL
"N"- Sec.13-T25N-R3W

12. CHECK 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 type="checkbox"/> Production (Start/Resume) <input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing <input type="checkbox"/> Fracture Treat <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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans <input type="checkbox"/> Plug and Abandon <input type="checkbox"/> Temporarily Abandon <input type="checkbox"/> Change of Operator
	<input type="checkbox"/> Convert to Injection <input type="checkbox"/> Plug Back <input type="checkbox"/> Water Disposal

13. Describe Proposed or Completed Operations (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 recomplete 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 shall 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 shall be filed once Testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Effective May 1st, 2017, operations of the above well were transferred from Elm Ridge Exploration CO LLC to DJR Operating, LLC. Bond coverage pursuant to 43 CFR 3104 for lease activities is being provided by DJR Operating, LLC under its nationwide bond, Bond # NMB001464. DJR Operating will be responsible for compliance under the terms and conditions of the lease.

OIL CONS. DIV DIST. 3
JUN 08 2017

DSO FORM Required

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed) Dominic J. Bazile II Title EVP-COO

Signature [Signature] Date May 1, 2017

THIS SPACE FOR FEDERAL OR STATE USE

Approved by Dave Monkiewicz Title AFM Date 5-26-17

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

Title 18 U.S.C. Section 1001, makes 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 reverse)