

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**  
*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.  
NMNM6682

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.  
**NMNM135229A**

1. Type of Well  
 Oil Well  Gas Well  Other

8. Well Name and No.  
NORTH ALAMITO UNIT 232H

2. Name of Operator  
DJR OPERATING LLC  
Contact: SHAW-MARIE CRUES  
E-Mail: scrues@djrlc.com

9. API Well No.  
30-043-21199

3a. Address  
1 ROAD 3263  
AZTEC, NM 87410  
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)  
Sec 28 T23N R7W NESE 1347FSL 0043FEL  
36.194230 N Lat, 107.571220 W Lon

11. County or Parish, State  
SANDOVAL COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 checked="" 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 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 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.

First Gas Sales  
Date: 07/23/2019  
Time: 08:00  
Flow Rate: 1000 MCF  
Meter #: 550109778

Flows directly to Enterprise

**NMOCD**  
**AUG 13 2019**  
**DISTRICT III**

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

**Electronic Submission #47590 verified by the BLM Well Information System  
For DJR OPERATING LLC, sent to the Farmington  
Committed to AFMSS for processing by VIRGINIA BARBER on 08/07/2019 ( )**

Name (Printed Type) SHAW-MARIE CRUES Title REGULATORY SPECIALIST

Signature (Electronic Submission) Date 07/30/2019

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

Approved By \_\_\_\_\_ Title \_\_\_\_\_

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 \_\_\_\_\_

**ACCEPTED FOR RECORD**

**AUG 07 2019**

**FARMINGTON FIELD OFFICE**

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.

(Instructions on page 2)

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

**NMOCD**