

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. 30-043-21293
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 207H
9. OGRID Number 371838
10. Pool name or Wildcat BASIN MANCOS
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6962' GL

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  Gas Well  Other

2. Name of Operator  
DJR OPERATING, LLC

3. Address of Operator  
1 ROAD 3263, AZTEC, NM 87410

4. Well Location:  
Unit Letter: A : 263 feet from the NORTH line and 1151 feet from the EAST line  
Section: 11 Township: 22N Range: 6W NMPM SANDOVAL County

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- CLOSED-LOOP SYSTEM
- OTHER:
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL

SUBSEQUENT REPORT OF:

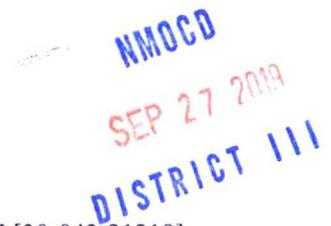
- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING/CEMENT JOB
- OTHER:
- INTER-WELL COMMUNICATION
- ALTERING CASING
- P AND A

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: 9/26/19  
DATE INTER-WELL COMMUNICATED: 9/27/19  
TYPE: FRACTURE TREATMENT ON STAGE 10 OF 45  
PRESSURE: 8500 psi  
NITROGEN: 37,477 bpm. SAND: 207,350 lbs. FLUID: 2,823 bbls

OFFSET OPERATOR AFFECTED: ENDURING RESOURCES, LLC  
OFFSET WELLS AFFECTED: JICARILLA 103H [30-043-21202] & JICARILLA 104H [30-043-21219]  
OFFSET WELLS PRODUCING FORMATION: GALLUP  
STANDARD OPERATING PRESSURE OF OFFSET WELLS AFFECTED: (requested but not provided)  
TYPE OF COMMUNICATION: INCREASE PSI & HIGH N2 CONTENT



Spud Date: 06/04/2019

Rig Release Date: 08/30/2019

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

SIGNATURE TITLE: Regulatory Specialist DATE: 09/27/2019  
Type or print name: Shaw-Marie Ford E-mail address: sford@djrlc.com PHONE: 505-632-3476

**For State Use Only**  
APPROVED BY: TITLE: SUPERVISOR DISTRICT #3 DATE: 10/17/19  
Conditions of Approval (if any):