Submit 1 Copy To Appropriate District	State of New Mexico	OCD Received Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natural Reson	
1625 N. French Dr., Hobbs, NM 88240	227	WELL API NO.
District II - (575) 748-1283	OIL CONSERVATION DIVISI	ON 30-039-22808
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Salita Fe, NIVI 87505	6. State Oil & Gas Lease No.
87505		
(DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Brown
PROPOSALS.)		9 Wall Namber #001
1. Type of Well: Oil Well	Gas Well Other	8. Well Number #001
2. Name of Operator		9. OGRID Number 371838
DJR Operating, LLC		10 B 1 Will
3. Address of Operator 1 Road 3263, Aztec, NM 87410		10. Pool name or Wildcat
4. Well Location		
Unit LetterE	: 1850 feet from the N line ar	
Section 34	Township 24N Range	2W NMPM Rio Arriba County
	11. Elevation (Show whether DR, RKB, RT	G, GR, etc.)
	7190 GL	
12. Check	Appropriate Box to Indicate Nature of	Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		IAL WORK ALTERING CASING
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING	MULTIPLE COMPL CASING	G/CEMENT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	_	_
OTHER:	OTHER:	
		letails, 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 returned this well to production on 4/25/2020,		
EPCO Meter 94260: 19.49 mcf.		
El CO Metel 94200. 19.49 mei.		
Spud Date:	Rig Release Date:	
Spud Date.	Rig Release Date.	
Illanda and a factorial	shows is the second consultation that had a few t	
i hereby certify that the information	above is true and complete to the best of my k	knowledge and beller.
	t 1	
SIGNATURE \(\sqrt{\chi} \)	CASUOT TITLE Regulatory CI	erk DATE 4/27/2020
y ica	THE REGulatory CI	DITTL TILITAGE
Type or print name Jo Becks	ted E-mail address: ibeckst	ed@djrllc.com PHONE: (505) 632-3476
For State Use Only		
	D FOR RECORD	
APPROVED BY: NMOCD ACCEPTE	TITLE	DATE
Conditions of Approval (if any):	AV	
	/ \ V	