Submit 1 Copy To Appropriate District	State of New Mexico		xico	Form C-103
Office District I – (575) 393-6161	Energy, Minerals an	nd Natur	ral Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240				WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVA	ATION	DIVISION	30-039-24771
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 6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa i C,	14141 07	505	E-6833
87505				
	ICES AND REPORTS ON			7. Lease Name or Unit Agreement Name
(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			State 32	
PROPOSALS.)			9 W-11 N	
1. Type of Well: Oil Well				8. Well Number #002
2. Name of Operator				9. OGRID Number
DJR Operating, LLC				371838
3. Address of Operator			10. Pool name or Wildcat	
1 Road 3263 Aztec, NM 87410-9521			Lybrook Gallup ext	
4. Well Location				
Unit Letter_P - 340'feet from the S line and 847'feet from the _Eline				
Section 32 Township 24N Range 07W NMPM County Rio Arriba				
	11. Elevation (Show when			c.)
7456'				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK			REMEDIAL WO	
			RILLING OPNS. PAND A	
PULL OR ALTER CASING		5 I	CASING/CEMEI	
DOWNHOLE COMMINGLE		_	O/ IOII TO/ OLIVIE	
CLOSED-LOOP SYSTEM				
OTHER:			OTHER: RT	P
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.				
DIP Operating LLC has returned this well to production as of 5-16-18				
DJR Operating, LLC has returned this well to production as of 5-16-18.				
				NMOCD
				MAY 1 9 2018
				DISTRICT 111
7-8-1990				
Spud Date: 7-8-1990	Rig Re	elease Da	te:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
I hereby certify that the information	above is true and complete	to the be	est of my knowled	ge and belief.
I hereby certify that the information	above is true and complete	to the be	est of my knowled	ge and belief.
<i>k</i> \ .				
I hereby certify that the information SIGNATURE				ge and belief. ATE_5-16-2018
SIGNATURE	TITLE_Regulat	tory	DA	ATE_5-16-2018
SIGNATURE Type or print name _Amy Archule	TITLE_Regulat	tory	DA	
Type or print name _Amy Archule For State Use Only	TITLERegulated	tory	DAuleta@djrllc.com	ATE_5-16-2018 PHONE: _505-632-3476 x201
SIGNATURE Type or print name _Amy Archule	TITLERegulated	tory	DAuleta@djrllc.com	ATE_5-16-2018