

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

FEB 25 2018

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. **NMNM 25448**

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
**DJR Operating, LLC**

3a. Address **1 Road 3263 Aztec, NM 87410**

3b. Phone No. (include area code)  
**(505) 632-3476**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**1980' FSL X 660' FEL "I" -S20 T25N R12W**

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No. **Bisti Gallup 20 009**

9. API Well No. **30-045-34002**

10. Field and Pool or Exploratory Area  
**Bisti Lower Gallup**

11. Country or Parish, State  
**San Juan 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 checked="" 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 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 recompleat 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 recompleat 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 detennined that the site is ready for final inspection.)

DJR Operating, LLC, pressure tested this well to 600 PSI. Pressure held for 30 minutes. John Durham from NMOCD witnessed the test and marked as Pass.

**NMOCD**

**APR 16 2019**

**DISTRICT III**

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

**Amy Archuleta**

Title **Regulatory**

Signature

Date

**02/19/2018**

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

Approved by

**Dave Mankiewicz**

Title

**AFM**

Date

**4/8/19**

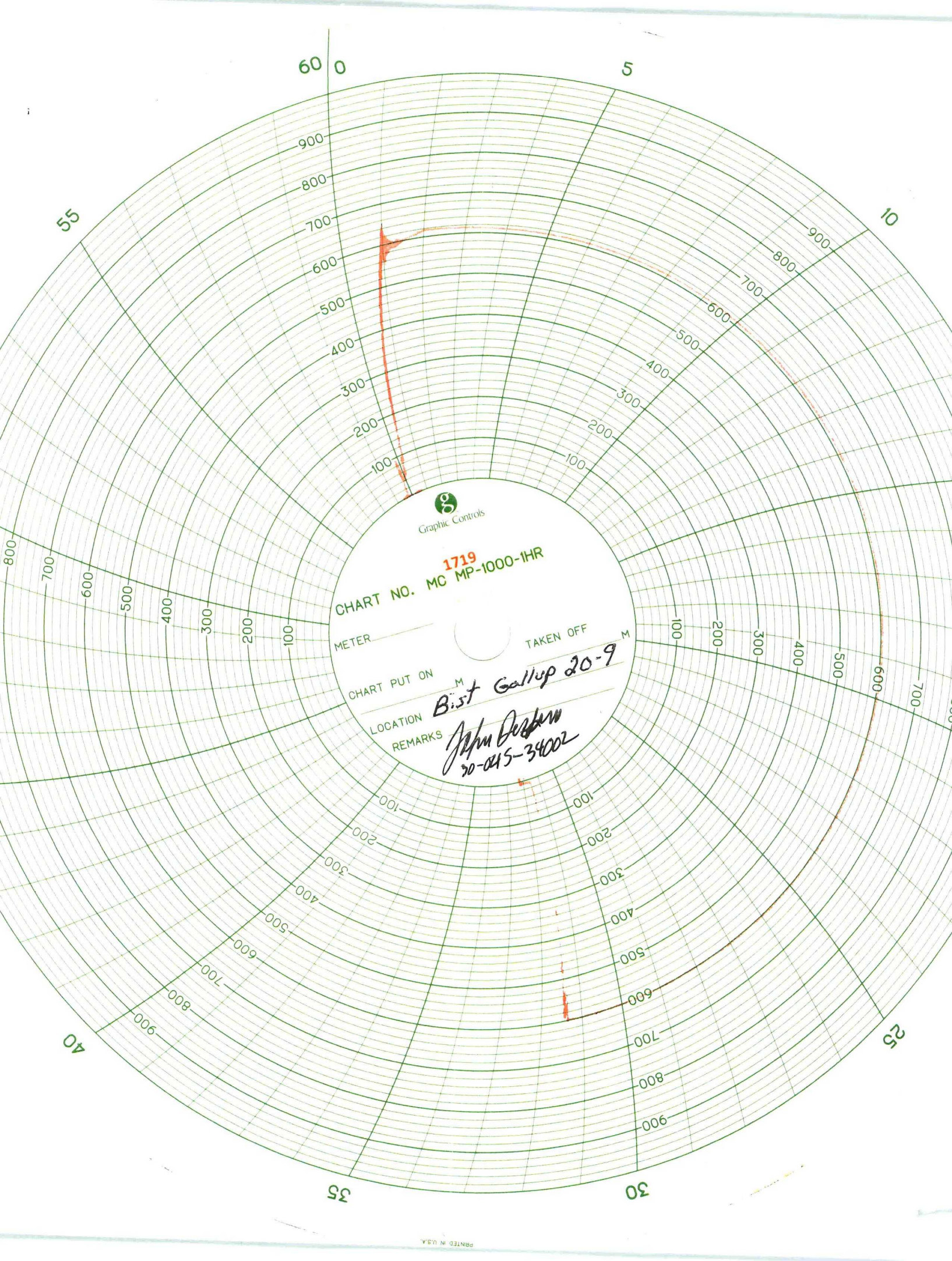
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

**FFC**

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.





Graphic Controls

1719  
CHART NO. MC MP-1000-1HR

METER \_\_\_\_\_ TAKEN OFF \_\_\_\_\_  
CHART PUT ON \_\_\_\_\_  
LOCATION \_\_\_\_\_  
REMARKS *Bist Gallup 20-9*  
*John D. Bist*  
*30-045-34002*