

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

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 1347FEL
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 recompleate 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 recompleation 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.

Oil Delivery
Date: 7/8/19
Time: 15:00
Barrels: 30.00
Tubing: 350
Casing: 950

Gas Delivery
Date: 7/8/19
Time: 20:00
Static Pressure: 200
Flow Rate: 480.0 MCF

NMOCD

JUL 29 2019

DISTRICT III

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

**Electronic Submission #474330 verified by the BLM Well Information System
For DJR OPERATING LLC, sent to the Farmington
Committed to AFMSS for processing by VIRGINIA BARBER on 07/25/2019 ()**

Name (Printed Type) SHAW-MARIE CRUES

Title REGULATORY SPECIALIST

Signature (Electronic Submission)

Date 07/19/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____

Title

Date

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

JUL 24 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 FY

Additional data for EC transaction #474330 that would not fit on the form

32. Additional remarks, continued

Tubing: 900
Casing: 1250