

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 299110 WELL API NUMBER 30-045-38214 5. Indicate Type of Lease F 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name N ALAMITO UNIT																				
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: O		8. Well Number 407H																				
2. Name of Operator DJR OPERATING, LLC		9. OGRID Number 371838																				
3. Address of Operator 1 Road 3263, Aztec, NM 87410		10. Pool name or Wildcat																				
4. Well Location Unit Letter <u>I</u> : <u>2047</u> feet from the <u>S</u> line and feet <u>497</u> from the <u>E</u> line Section <u>1</u> Township <u>22N</u> Range <u>08W</u> NMPM _____ County <u>San Juan</u>																						
11. Elevation (Show whether DR, KB, BT, GR, etc.) 6917 GR																						
Pit or Below-grade Tank Application ☐ or Closure ☐ Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____																						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK ☐</td> <td>PLUG AND ABANDON ☐</td> <td>REMEDIAL WORK ☐</td> <td>ALTER CASING ☐</td> </tr> <tr> <td>TEMPORARILY ABANDON ☐</td> <td>CHANGE OF PLANS ☐</td> <td>COMMENCE DRILLING OPNS. ☐</td> <td>PLUG AND ABANDON ☐</td> </tr> <tr> <td>PULL OR ALTER CASING ☐</td> <td>MULTIPLE COMPL ☐</td> <td>CASING/CEMENT JOB ☐</td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: Spud ☒</td> </tr> </table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTER CASING ☐	TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐	PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐		Other: _____		Other: Spud ☒	
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:																				
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTER CASING ☐																			
TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐																			
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐																				
Other: _____		Other: Spud ☒																				
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 6/3/2021 Spudded well. Well Spud on 06/03/2021 06/03/2021: MIRU Mo-Te. Drill 12.25" hole to 358' TD. TOOH. Run 14 jts 9.625" 36# J-55 STC casing set at 353'. Pump 10 bbls FW spacer followed by 31 bbls (109 sxs) Type I-II cement with 20% flyash at 14.5 ppg. Displaced with 25 bbls H2O, bump plug at 160 psi. Check floats, floats held. 10 bbls of good cement to surface. RDMO																						
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐																						
SIGNATURE <u>Electronically Signed</u> TITLE <u>Manager of Government and Regulatory Affairs</u> DATE <u>8/4/2021</u> Type or print name <u>Dave Brown</u> E-mail address <u>dbrown@djrlc.com</u> Telephone No. <u>303-887-3695</u>																						
For State Use Only: APPROVED BY: <u>Kurt Simmons</u> TITLE <u>Petroleum Specialist - A</u> DATE <u>8/4/2021</u>																						