

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT" - for such proposals.

FORM APPROVED

RECEIVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

JUN 13 2011

Farmington Field Office
Manager of Land Management

1. Type of Well:

Gas

2. Name of Operator:

ConocoPhillips

3. Address and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499
(505) 326-9700

4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 1190' FSL & 870' FEL

S: 29 T: 028N R: 007W U: P

5. Lease Number:

NMSF-078498

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 28-7 UNIT 59A

9. API Well No.

3003925666

10. Field and Pool:

FRC - BASIN CB::FRUITLAND COAL

MV - BLANCO::MESAVERDE

PC - BLANCO SOUTH::PICTURED CLIFFS

11. County and State:

RIO ARRIBA, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Non-Routine Fracturing
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Water Shut Off
	<input checked="" type="checkbox"/> Other- Re-Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was re-delivered on 5/31/2011 and produced natural gas and entrained hydrocarbons.

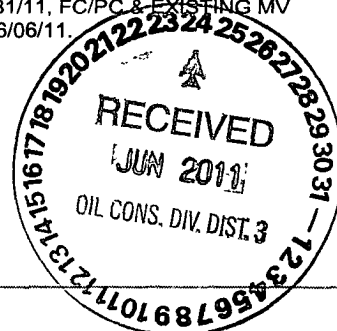
Notes: THIS WELL WAS RECOMPLETED INTO FC & PC & CMGL'D W/EXISTING MV / THE FC & PC WERE 1ST DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE FC & PC 05/31/11, FC/PC & EXISTING MV FLOWING TOGETHER ON 06/02/11. FINISHED THE GAS RECOVERY COMPLETION 06/06/11.

TP: CP: Initial MCF: 4916

Meter No.: 99440

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION



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

Signed

Tamra Sessions

Title: Staff Regulatory Tech.

Date: 6/10/2011

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

JUN 20 2011

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE
BY: *[Signature]*

NMOCD A