Submitted in lieu of Form 3160-5 (June 1990)

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 CONTROL

Budget Bureau No. 1004-0135

Expires: March 31, 1993 JUN 24 2011

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All the descriptions were unusually with a recommendation of the second	ad of Latiu Wallanemen.
1. Type of Well:	5. Lease Number:
Gas	FEE
2. Name of Operator:	6. If Indian, allottee or Tribe Name:
ConocoPhillips	or it mainly anotice of this raine.
3. Address and Phone No. of Operator:	7. Unit Agreement Name:
P. O Box 4289, Farmington, NM 87499	NMNM85788
(505) 326-9700	8. Well Name and Number:
	FC FEDERAL COM 15S
4. Location of Well, Footage, Sec. T, R, U:	9. API Well No.
FOOTAGE: 1585' FNL & 1705' FWL	3004534971
S: 15 T: 030N R: 011W U: F	10. Field and Pool:
	FRC - BASIN CB:.FRUITLAND COAL
	11. County and State:
	SAN JUAN, NM
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT	OTHER DATA
Notice of Intent Recompletion	Change of Plans
X Subsequent Report Plugging Back	New Construction
Final Abandonment Casing Repair	Non-Routine Fracturing
Abandonment Altering Casing	Water Shut Off
X Other-First Delivery	Conversion to Injection
13. Describe Proposed or Completed Operations	
This well was first delivered on 6/23/2011 and produced natural gas and entr	rained hydrocarbons.
Notes: NEW DRILL - FIRST DELIVERED	031-123456
Notes. NEW DIVILE - FINOT DELIVERED	(19 ³)
	EVED 3
TP: 153	(8)
	25
Meter No.: 88945	\\\ \\ \Cons. div. dist\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Gas Co.: ENT	oil cons. DIV. DIST. 3
Proj Type.: NEW DRILL	oil cons. Div. Dist. 3
14. I Hereby certify that the foregoing is true and correct.	
Signed M/M/M/ Title: Staff Regulato	ry Tech. Date: 6/23/2011
Marie Jaramillo////	***CEPTEN EOR BECOPN
This Space for Federal or State Office Use)	المرابع
	JUN 2 8 2011
APPROVED BY: Title:	Date:
CONDITION OF APPROVAL SECTION	8Y
CONDITION OF APPROVAL, if any:	