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.

RECEIVED

FORM APPROVED

Budget Bureau No. 1004-0135 JUL 08 2011

Expires: March 31, 1993

Farmington Field Office Bureau of Land Managemen

1. Type of Well:		5. Lease Number:
Gas		SF-080538
2. Name of Operator:		6. If Indian, allottee or Tribe Name:
ConocoPhillips		·
3. Address and Phone No. of Operator:		7. Unit Agreement Name:
P. O. Box 4289, Farmington, NM 87499		8. Well Name and Number:
(505) 326-9700		SAN JUAN 30-5 UNIT 111
4. Location of Well, Footage, Sec. T, R, U:		9. API Well No.
FOOTAGE: 860' FSL & 1375' FWL		3003926158
S: 13 T: 030N R: 005W U: N		
		10. Field and Pool: DK - BASIN::DAKOTA
		MV - BLANCO::MESAVERDE
		11. County and State:
		RIO ARRIBA, NM
12. CHECK APPROPRIATE BOX TO INDICATE NAT	TURE 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- Re-Delivery	Conversion to Injection
13. Describe Proposed or Completed Operations		
This well was re-delivered on 2/2/2011 and produced	duced natural gas and entraine	d hydrocarbons.
·	•	NTO THE MESAVERDE AND DOWNHOLE
COMMINGLED WITH THE EXISTIN		
		2324252622
TP: 465	Initial MCF: 852	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
F. 400	initial moi . 002	RECEIVED &
Meter No.: 82654		20122324 2526 2728 30 ARECEIVED 30 31 JUL 2011
Gas Co.: WFC		(E JUL 2011]
Proj Type.: RECOMPLETE		OIL CONS. DIV. DIST, 3 20 Tech. Date: 2/2/2011
		- 3
14. I Hereby certify that the foregoing is true and c	orrect.	4511101 68 F 3
Signed Tambers in	Title: Staff Regulatory	7 Tech. Date: 2/2/2011
Tamra Sessions	The second section of the sect	
		ACCEPTED FOR RECORD
is Space for Federal or State Office Use)		
APPROVED BY:	Title:	JUL 1 7 2011 Date:
		FARMINGTON FIFL'S OFFICE
CONDITION OF APPROVAL, if any:	NMOCD	· · · · · · · · · · · · · · · · · · ·
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