

**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

Budget Bureau No. 1004-0135

Expires: March 31, 1993

RECEIVED**DEC 14 2012**
**Farmington Field Office
Bureau 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: 525' FNL & 2005' FWL

S: 34 T: 028N R: 007W U: C

5. Lease Number:

SF-078496

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name: DK-NMNM78413C
MC-NMSF078496
MV-NMNM78413A

8. Well Name and Number:

SAN JUAN 28-7 UNIT 131N

9. API Well No.

3003930663

RCVD JAN 17 '13

10. Field and Pool:

OIL CONS. DIV.

DK - BASIN::DAKOTA

DIST. 3

MC - BASIN::MANCOS

MV - BLANCO::MESAVERDE

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-First Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was first delivered on 11/28/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 11/28/12, MV & MC FLOWING TOGETHER ON 11/29/12. MV, MC & DK FLOWING TOGETHER ON 12/06/12. FINISHED THE GAS RECOVERY COMPLETION 12/12/12.

TP: CP: Initial MCF: 22897

Meter No.: 91058

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: 12/14/2012

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

FARMINGTON FIELD OFFICE

CONDITION OF APPROVAL, if any:

**NMOC
ca**