		R	ECE	VED	• •	
					IDED	
Form 3160-5	UNITED STAT	FS	FEB 07		MAPPROVED	
(August 2007)	DEPARTMENT OF THE				No. 1004-0137	
	BUREAU OF LAND MA		minaton Fie	eld Office Expire	es: July 31, 2010	
				ar 2 clease Serial No.	OF 070040	
SUN	DRY NOTICES AND REP			6. If Indian, Allottee or Trib	SF-078840	
1	e this form for proposals			o. If molan, Anotice of The	e Name	
	well. Use Form 3160-3 (A					
SU	BMIT IN TRIPLICATE - Other ins	tructions on page	e 2.	7. If Unit of CA/Agreement	, Name and/or No.	
1. Type of Well				SAI	SAN JUAN 28-7 UNIT	
Oil Well X Gas Well Other			8. Well Name		······	
					an 28-7 Unit 113N	
2. Name of Operator ConocoPhillips Compa	anv			9. API Well No.)-039-31146	
Ba. Address		3b. Phone No. (ii	nclude area code)	10. Field and Pool or Explo		
PO Box 4289, Farmingto	(505) 326-9700		Blan	Blanco MV/Basin DK 🛛 🗸		
4. Location of Well (Footage, Sec., T., R		1		11. Country or Parish, State		
	SE), 1020' FSL & 1675' FE			Rio Arriba	, New Mexico	
	(SE), 1990' FSL & 975' FE					
	HE APPROPRIATE BOX(ES)	I O INDICATE			IHER DATA	
TYPE OF SUBMISSION	DF SUBMISSION TYPE OF ACTION					
Notice of Intent	Acidize	Deepen	<u> </u>	Production (Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Tre	at į	Reclamation	Well Integrity	
X Subsequent Report	Casing Repair	New Constru	uction	Recomplete	X Other Spud Sundry	
	Change Plans	Plug and Ab	andon	Temporarily Abandon	<u></u>	
Final Abandonment Notice	Convert to Injection	Plug Back	L	Water Disposal		
9 5/8", 32.3#, H-40 ST8 101sx(163cf-29bbls=1	212. Spud w/ 12 1/4" bit @ C casing set @ 350'. RU . 61yId) Type I-II w/ 20% Fly	to cmt. Preflu y-ash. Droppe	shed 15bbls & ed plug & disp	& Circ w/ 40 bbls of FW laced w/ 24bbls FW. N	Spacer. Pumped o cmt to surface. 12/5/12-	
Tag cmt @ 49'KB. RU WOC. RD RR @ 10:00	to cmt. Top out 9 5/8' surf hrs on 12/06/12.	ace csg w/ 15	sx(21cf-4bbls	s=1.39 yld) neat cmt. C	irc. 1/4bbl cmt to surface.	
PT will be conducted by Drilling Rig. Results will appear on next report.					DIL CUNS. DIU. DIST. 3	
APD/ROW				AM	EPTED FOR RECORD	
				ALLA.	EPTED FOR HEOUND	
					FEB 0 8 2013	
	. ·					
•					William Tambelcou	
. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Arleen White Title			Staff Regulato	Staff Regulatory Tech		
Signature (Ulleh	White,	Dat	2/4/1	3		
	THIS SPACE FO			OFFICE USE		
Approved by	<u> </u>					
Conditions of approval, if any, are attac that the applicant holds legal or equitabl entitle the applicant to conduct operatio	le title to those rights in the subject le		Title Office		Date	
Title 18 U.S.C. Section 1001 and Title false, fictitious or fraudulent statements	43 U.S.C. Section 1212, make it a cri			fully to make to any department	or agency of the United States any	
(Instruction on page 2)		NMOC	D A			

۰.