

**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

Expires: March 31, 1993

**FEB 21 2013**
**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: 760' FNL &amp; 1730' FWL

S: 28 T: 024N R: 003W U: C

**5. Lease Number:**

SF-078914

**6. If Indian, allottee or Tribe Name:****7. Unit Agreement Name:**

GLLP/DK - NMNM78399B

**8. Well Name and Number:**

LINDRITH B UNIT 45

**9. API Well No.**

3003923873

**10. Field and Pool:**

GL-DK - LINDRITH WEST::GALLUP DAKOTA

**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 12/27/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO DOWNHOLE ISSUES.

TP: 237

CP: 237

Initial MCF: 10

Meter No.: 95943

Gas Co.: ENT

Proj Type.: REDELIVERY

RCVD FEB 25 '13

OIL CONS. DIV.

DIST. 3

**14. I Hereby certify that the foregoing is true and correct.**

Signed

*Tamra Sessions*  
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 2/20/2013

**ENTERED  
AFMSB**

(This Space for Federal or State Office Use)

APPROVED BY: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**FEB 21 2013**BY *[Signature]*

CONDITION OF APPROVAL, if any: \_\_\_\_\_

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements.

**NMCCD**  
*ca*