

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

JUN 13 2013

Expires: March 31, 1993

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: 1623' FSL &amp; 1568' FEL

S: 03 T: 027N R: 007W U: J

## 5. Lease Number:

NMSF-678972

## 6. If Indian, allottee or Tribe Name:

## 7. Unit Agreement Name:

NMNM-78413A-MV  
NMNM-78413C-DK

## 8. Well Name and Number:

SAN JUAN 28-7 UNIT 182N

## 9. API Well No.

3003930635

## 10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

RCVD JUN 17 '13  
OIL CONS. DIV.  
DIST. 3

## 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 6/7/2013 and produced natural gas and entrained hydrocarbons.

Notes: DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING MV & DK TOGETHER ON 6/7/13.  
FINISHED THE GAS RECOVERY COMPLETION ON 6/12/13. PRODUCED FOR 5 DAYS WITH AN AVERAGE OF 1267 MCF PER DAY.

TP: CP: Initial MCF: 6336

Meter No.:

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

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

Signed

Patsy Clugston

Title: Staff Regulatory Tech.

Date: 6/12/2013

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

JUN 13 2013

FARMINGTON FIELD OFFICE  
BY: *AM*

NMOCDA