

Submitted in lieu of Form 3160-5 (June 1990)

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 24 2014

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: 2150' FSL & 1840' FEL

S: 15 T: 028N R: 007W U: J

5. Lease Number:

SF-079289

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 234

9. API Well No.

3003921063

RCVD FEB 27 '14
OIL CONS. DIV.
DIST. 3

10. Field and Pool:

DK - BASIN::DAKOTA

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

13. Describe Proposed or Completed Operations

This well was re-delivered on 2/17/2014 and produced natural gas and entrained hydrocarbons.

Notes: RE-DELIVERED / SHUT IN FOR MORE THAN 90 DAYS DUE TO CASING ISSUES

TP: 248

CP: 248

Initial MCF: 297

Meter No.: 89694

Gas Co.: ENT

Proj Type.: REDELIVERY

14. I hereby certify that the foregoing is true and correct.

Signed

Denise Journey

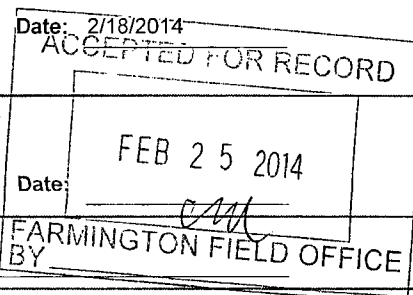
Title: Staff Regulatory Tech.

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

CONDITION OF APPROVAL, if any:



NMOCDF