

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.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

RECEIVED

AUG 14 2014

6-15-13

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: 1850' FSL & 1751' FEL

S: 34 T: 031N R: 006W U: J

5. Lease Number:

SF-078999

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-784214-MV NMNM-784218-DK

8. Well Name and Number:

SAN JUAN 31-6 UNIT 28E

9. API Well No.

3003925128

10. Field and Pool:

MV - BLANCO::MESAVERDE

DK - Basin Dakota

11. County and State:

RIO ARriba, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment
☐ Abandonment

☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other- Re-Delivery

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut Off
☐ Conversion to Injection

OIL CONS. DIV DIST. 3

AUG 19 2014

13. Describe Proposed or Completed Operations

This well was re-delivered on 8/8/2014 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED, WELL SHUT IN FOR MORE THAN 90 DAYS DUE TO EQUIPMENT ISSUES.

TP: 427

CP: 425

Initial MCF: 1029

Meter No.: 81298

Gas Co.: WFC

Proj Type.: REDELIVERY

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

Signed

Kenny Davis

Title: Staff Regulatory Tech.

Date: 8/11/2014

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

AUG 15 2014

FARMINGTON FIELD OFFICE
BY: *cm*

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.

NMOCDA