

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

JUL 24 2014

## 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: 1600' FSL &amp; 885' FWL

S: 05 T: 030N R: 011W U: L

## 5. Lease Number:

SF-078138-A

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

## 7. Unit Agreement Name:

NMNM-123390 NMNM-73426-MV

## 8. Well Name and Number:

RHODA ABRAMS 1M

## 9. API Well No.

3004534150

## 10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

## 11. County and State:

SAN JUAN, NM

OIL CONS. DIV DIST. 3

JUL 29 2014

## 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 7/21/2014 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED / WELL SHUT IN FOR MORE THAN 90 DAYS DUE TO EQUIPMENT ISSUES / OIL TANK BAILEYS WELDING SN 2008B100 / SEPARATOR PESCO 3PHASE SN 205966 / PIT SN 7120116

TP: 587

CP: 553

Initial MCF: 22

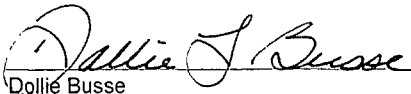
Meter No.: 88458

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed



Dollie Busse

Title: Staff Regulatory Tech.

Date: 7/22/2014

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

JUL 25 2014

FARMINGTON FIELD OFFICE  
BY: 

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.

NMCCDA