

AUG 27 2014

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

5. Lease Serial No. **SF-078999**

6. If Indian, Allottee or Tribe Name

7. If Unit of CA/Agreement, Name and/or No.

SAN JUAN 31-6 UNIT

8. Well Name and No.

SAN JUAN 31-6 UNIT 220

9. API Well No.

30-039-24987

10. Field and Pool or Exploratory Area

Basin FC

11. Country or Parish, State

Rio Arriba New Mexico

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

☐ Oil Well

☒ Gas Well

☐ Other

2. Name of Operator

ConocoPhillips Company

3a. Address

PO Box 4289, Farmington, NM 87499

3b. Phone No. (include area code)

(505) 326-9700

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Surface UNIT B (NWNE), 947' FNL & 1521' FEL, Sec. 33, T31N, R6W

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other MIT
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation; Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once Testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

ROVD SEP 5 '14

OIL CONS. DIV.

ConocoPhillips intends to perform an MIT test on subject well as per the NMOCD regulations requiring MIT every 5 years. The last MIT was performed 9/22/09. Procedure is attached.

DIST. 3

**Notify NMOCD 24 hrs
prior to beginning
operations**

**BLM'S APPROVAL OR ACCEPTANCE OF THIS
ACTION DOES NOT RELIEVE THE LESSEE AND
OPERATOR FROM OBTAINING ANY OTHER
AUTHORIZATION REQUIRED FOR OPERATIONS
ON FEDERAL AND INDIAN LANDS**

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Kenny Davis

Title

STAFF REGULATORY TECHNICIAN

Signature

Date

8/27/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Troy Salyers

Title

Petroleum Eng.

Date

9/3/2014

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

FFO

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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 or representations as to any matter within its jurisdiction.

ConocoPhillips
SAN JUAN 31-6 UNIT 220 POW
Expense - MIT

Lat 36° 51' 38.34" N

Long 107° 27' 49.86" W

PROCEDURE

1. Hold pre-job safety meeting. Comply with all NMOCD, BLM, and COPC safety and environmental regulations.
2. MIRU pressure testing truck. Check casing and bradenhead pressures and record them in Wellview. **If there is pressure on the BH, contact Wells Engineer.**
3. Connect the pressure testing truck to the casing. Verify that casing is filled with proper fluid.
4. **Notify necessary regulatory agencies 24 hours prior to MIT.** MIT the casing to 560 psi for 30 minutes on a 2 hour chart with 1000# spring. Record pressure test in Wellview and notify wells engineer and superintendent of the results. Bring the chart to the wells engineer.
5. RD and release test unit.

Well Name: SAN JUAN 31-6 UNIT #220

API: UYWI	Surface Legal Location	Field Name	License No.	State/Province	Well Configuration Type
3003924987	033-031N-006W-B	FC		NEW MEXICO	Vertical
Ground Elevation (ft)	Original K&RT Elevation (ft)	K&S Ground Distance (ft)	KB-Casing Flange Distance (ft)	KB-Tubing Hanger Distance (ft)	
6,460.00		6,473.00	13.00	6,473.00	

Vertical - Original Hole, 8/19/2014 1:14:59 PM

