

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

JAN 26 2015

Received by: [Signature]  
Date: [Signature]

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: 2290' FNL & 980' FEL

S: 08 T: 027N R: 007W U: H

5. Lease Number:

SF-078569

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM78413C-DK / NMNM78413A-MV

8. Well Name and Number:

SAN JUAN 28-7 UNIT 216

9. API Well No.

3003920875

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 12/1/2014 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED SHUT IN FOR MORE THAN 90 DAYS DUE TO PIT REMEDIATION

TP: 363

CP: 363

Initial MCF: 52

Meter No.: 89108

Gas Co.: ENT

Proj Type.: REDELIVERY

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JAN 30 2015

NMOCD  
DISTRICT III

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

Signed

*Denise Journey*  
Denise Journey

Title: Staff Regulatory Tech.

Date: 1/26/2015

(This Space for Federal or State Office Use)

APPROVED BY: ACCEPTED FOR RECORD

Title:

Date:

NMOCD

CONDITION OF APPROVAL, if any: