

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.

OIL CONS. DIV DIST. 3

OCT 20 2015

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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: 1365' FSL & 1900' FWL

S: 36 T: 030N R: 011W U: K

5. Lease Number:

E-3521-4

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

MIMS 36 STATE COM 1M

9. API Well No.

3004530890

10. Field and Pool:

CH - OTERO::CHACRA

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

11. County and State:

SAN JUAN, 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 10/5/2015 and produced natural gas and entrained hydrocarbons.

Notes: WELL SHUT-IN MORE THAN 90 DAYS DUE TO TBG ISSUES

TP: 399

CP: 543

Initial MCF: 1500


Meter No.: 85716

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed



Title: Staff Regulatory Tech.

Date: 10/16/2015

(This Space for Federal or State Office Use)

APPROVED BY: _____

Title: _____

Date: _____

CONDITION OF APPROVAL, if any: _____

KC