

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.

RECEIVED

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

NOV 02 2016

Farmington Field Office  
Bureau of Land Management

## 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: 1700' FNL &amp; 1700' FEL

S: 32 T: 028N R: 007W U: G

## 5. Lease Number:

SF-078498

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

## 7. Unit Agreement Name:

## 8. Well Name and Number:

SAN JUAN 28-7 UNIT 69

## 9. API Well No.

3003907258

## 10. Field and Pool:

FRC - BASIN CB::FRUITLAND COAL

MV - BLANCO::MESAVERDE

PC - BLANCO::PICTURED CLIFFS

## 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 10/26/2016 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED / SHUT IN FOR MORE THAN 90 DAYS DUE TO EQUIPMENT ISSUE / RETURNED TO PRODUCTION

TP: 195

CP: 195

Initial MCF: 74

OIL CONS. DIV DIST. 3

Meter No.: 71799

Gas Co.: ENT

Proj Type.: REDELIVERY

NOV 09 2016

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

Signed

Dollie Busse

Title: Staff Regulatory Tech.

Date: 11/2/2016

(This Space for Federal or State Office Use)

ACCEPTED FOR RECORD

APPROVED BY: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

CONDITION OF APPROVAL, if any: \_\_\_\_\_

FARMINGTON FIELD OFFICE  
BY: *cm*

NMOCD *AV*