

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0135  
Expires July 31, 1996

**SUNDRY NOTICES AND REPORTS ON WELLS**

**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

CONOCO, INC.

3a. Address

P.O. BOX 2197 HOUSTON, TX 77252

3b. Phone No. (include area code)

(281)293-1005

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

H, SEC.26, T28N, R7W

1455' FNL & 990' FEL

5. Lease Serial No.

SF 079290

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

SAN JUAN 28-7 #28

9. API Well No.

30-039-07326

10. Field and Pool, or Exploratory Area

71629 72439 72319

11. County or Parish, State

RIO ARRIBA

NM

**12. CHECK 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 checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<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 recomplete horizontally, give subsurface locations 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

CONOCO requests to recomplete this well to the Basin Fruitland Coal and Blanco P.C. South using the attached procedure.

*Blanco Mesaverde interval to be TA w/ OIBP prior to recomp. and pressure tested*  
*SJ 28-7 #233 is producing from Blanco Mesaverde in the same U.L.*  
*(H).*

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

Name (Printed/Typed)

DEBORAH MARBERRY

Title

REGULATORY ANALYST

Signature

Date

07/28/2000

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

NOV 6

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

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 or representations as to any matter within its jurisdiction.

(Instructions on reverse)

NMOC

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0135  
Expires July 31, 1996

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*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

5. Lease Serial No.	SF 079290
6. If Indian, Allottee or Tribe Name	
7. If Unit or CA/Agreement, Name and/or No.	
8. Well Name and No.	SAN JUAN 28-7 #28
9. API Well No	30-039-07326
10. Field and Pool, or Exploratory Area	71629 72439 72319
11. County or Parish, State	RIO ARRIBA NM

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator CONOCO, INC.	
3a. Address P.O. BOX 2197 HOUSTON, TX 77252	3b. Phone No. (include area code) (281)293-1005
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) H, SEC. 26, T28N, R7W 1455' FNL & 990' FEL	

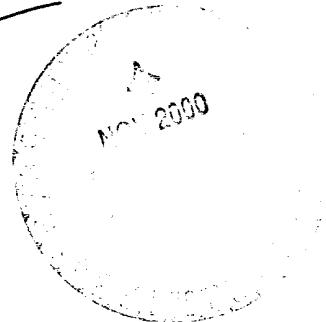
**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

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CONOCO requests to downhole trimingle this well in the Basin Fruitland Coal, Blanco P.C. South, and Blanco Mesaverde.

*DHC order 2528*



14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) DEBORAH MARBERRY	Title REGULATORY ANALYST
Signature <i>[Signature]</i>	Date 07/28/2000

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by <i>[Signature]</i>	Title	Date NOV 6 2000
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

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 or representations as to any matter within its jurisdiction.

(Instructions on reverse)

NMCCD

## DISTRICT I

P O. Box 1980, Hobbs, NM 88241-1980

## DISTRICT II

811 South First St., Artesia, NM 88210-2835

## DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410-1693

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

2040 S. Pacheco  
Santa Fe, New Mexico 87505-6429Form C-107-A  
New 3-12-96

APPROVAL PROCESS:

☒ Administrative ☐ Hearing

EXISTING WELLBORE

☒ YES ☐ NO

## APPLICATION FOR DOWNHOLE COMMINGLING

CONOCO, INC.

Operator

P.O. BOX 2197 DU 3066 HOUSTON, TX 77252

Address

SAN JUAN 28-7

Lease

28

Well No.

H. SEC. 26 T28N R7W

Unit Ltr. - Sec - Twp - Rge

RIO ARRIBA

County

OGRID NO. 005073 Property Code 016608

API NO. 30-039-07326

Spacing Unit Lease Types: (check 1 or more)  
Federal ☒ , State ☐ , (and/or) Fee ☐

The following facts are submitted in support of downhole commingling:	Upper Zone	Intermediate Zone	Lower Zone
1. Pool Name and Pool Code	BASIN FRUITLAND COAL 71629	BLANCO P.C. SOUTH 72439	BLANCO MESAVERDE 72319
2. Top and Bottom of Pay Section (Perforations)	3205'-3333' PROPOSED	3344'-3450' PROPOSED	4935'-5868'
3. Type of production (Oil or Gas)	GAS EXPECTED	GAS EXPECTED	GAS
4. Method of Production (Flowing or Artificial Lift)	EXPECTED TO FLOW	EXPECTED TO FLOW	FLOWING
5. Bottomhole Pressure Oil Zones - Artificial Lift: Gas & Oil - Flowing: All Gas Zones: Estimated Current Measured Current Estimated Or Measured Original	a. (Current) * 1,035 b. (Original) 1,035	a. * 1,044 b. 1,044	a. 500 b. 1,233
6. Oil Gravity (° API) or Gas BTU Content	1,045	1,189	1,250
7. Producing or Shut-In?	TO BE COMPLETED	TO BE COMPLETED	PRODUCING
Production Marginal? (yes or no)	YES	YES	YES
* If Shut-In, give date and oil/gas/water rates of last production. Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data. * If Producing, give date and oil/gas/water rates of recent test (within 60 days)	Date: Rates:  EST. 150MCFD	Date: Rates:  EST. 250MCFD	Date: Rates:  CURRENT 35MCFD
8. Fixed Percentage Allocation Formula - % for each zone	Allocate by test Oil: % Gas: %	Allocate by test Oil: % Gas: %	Allocate by subtraction Oil: % Gas: % method

9. If allocation formula is based upon something other than current or past production, or is based upon some other method, submit attachments with supporting data and/or explaining method and providing rate projections or other required data.

10. Are all working, overriding, and royalty interests identical in all commingled zones? ☐ Yes ☒ No  
If not, have all working, overriding, and royalty interests been notified by certified mail? ☐ Yes ☒ No  
Have all offset operators been given written notice of the proposed downhole commingling? ☐ Yes ☒ No11. Will cross-flow occur? ☒ Yes ☐ No If yes, are fluids compatible, will the formations not be damaged, will any cross-flowed production be recovered, and will the allocation formula be reliable. ☒ Yes ☐ No (If No, attach explanation)12. Are all produced fluids from all commingled zones compatible with each other? ☒ Yes ☐ No13. Will the value of production be decreased by commingling? ☐ Yes ☒ No (If Yes, attach explanation)14. If this well is on, or communized with, state, or federal lands, either the Commissioner of Public Lands or the United States Bureau of Land Management has been notified in writing of this application. ☒ Yes ☐ No

15. NMOCD Reference Cases for Rule 303(D) Exceptions: ORDER NO(S). R-10476B

## 16. ATTACHMENTS:

- \* C-102 for each zone to be commingled showing its spacing unit and acreage dedication.
- \* Production curve for each zone for at least one year. (If not available, attach explanation.)
- \* For zones with no production history, estimated production rates and supporting data.
- \* Data to support allocation method or formula.
- \* Notification list all offset operators.
- \* Notification list of all working, overriding, and royalty interests for uncommon interest cases.
- \* Any additional statements, data, or documents required to support commingling

\*Current BHP's are expected to be at or near virgin bottom-hole pressure.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Deborah Marberry TITLE REGULATORY ANALYST DATE 07/28/2000TYPE OR PRINT NAME DEBORAH MARBERRY TELEPHONE NO. (   ) (281)293-1025

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-102  
Revised October 18, 1994  
Instruction on back  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-039-07326	<sup>2</sup> Pool Code 72439	<sup>3</sup> Pool Name Blanco P C. South
<sup>4</sup> Property Code 016608	<sup>5</sup> Property Name SAN JUAN 28-7 #28	<sup>6</sup> Well Number 28
<sup>7</sup> OGRID No. 005073	<sup>8</sup> Operator Name CONOCO, INC.	<sup>9</sup> Elevation

<sup>10</sup> Surface Location

UL or lot no. H	Section 26	Township 28N	Range 7W	Lot Idn	Feet from the 1455'	North/South line NORTH	Feet from the 990'	East/West line EAST	County RIO ARRIBA
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>12</sup> Dedicated Acres 320 160	<sup>13</sup> Joint or Infill 1	<sup>14</sup> Consolidation Code U	<sup>15</sup> Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<sup>16</sup>						<sup>17</sup> OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</i>  Signature _____ Printed Name DEBORAH MARBERRY Title REGULATORY ANALYST Date 07/28/2000  <sup>18</sup> SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plot was plotted from field notes of actual surveys made by me or under</i>  Date of Survey _____ Signature and Seal of Professional Surveyer _____  Certificate Number _____

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WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-039-07326	<sup>2</sup> Pool Code 71629	<sup>3</sup> Pool Name Basin Fruitland Coal
<sup>4</sup> Property Code 016608	<sup>5</sup> Property Name SAN JUAN 28-7 #28	<sup>6</sup> Well Number 28
<sup>7</sup> OGRID No. 005073	<sup>8</sup> Operator Name CONOCO, INC.	<sup>9</sup> Elevation

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WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-039-07326	<sup>2</sup> Pool Code 72319	<sup>3</sup> Pool Name Blanco Mesaverde
<sup>4</sup> Property Code 016608	<sup>5</sup> Property Name SAN JUAN 28-7 #28	<sup>6</sup> Well Number 28
<sup>7</sup> OGRID No. 005073	<sup>8</sup> Operator Name CONOCO, INC.	<sup>9</sup> Elevation

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