

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. 1004-01

Expires: March 31, 1993

RECEIVED
AUG 12 2011
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: 1375' FSL & 836' FWL

S: 24 T: 031N R: 008W U: L

5. Lease Number:

SF-080854

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-78424 D-DK

8. Well Name and Number:

NMNM 78424A-MV
SAN JUAN 32-8 UNIT 15N

9. API Well No.

3004535170

10. Field and Pool:

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-First Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was first delivered on 8/4/2011 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 08/04/11, MV & DK FLOWING TOGETHER ON 08/05/11. FINISHED THE GAS RECOVERY COMPLETION 08/11/11.

TP: CP: Initial MCF: 17921

Meter No.: 88965

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION



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

Signed

Tamra Sessions
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 8/12/2011

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date: 8/12/2011

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD
FA: OFFICE
BY: CM

NMOCD
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