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.



OCT 17 2011

FORM APPROVED

Budget Bureau No. 1004-0135 mington Field Office Expires: March 31, 1993 Bureau of Land Managemen.

1. Type of Well: Gas		
Gas	5. Lease Number:	
Cus	SF-078913 - 6. If Indian, allottee or Tribe Name:	
2. Name of Operator:		
ConocoPhillips	7. Unit Agreement Name: NIMIN 783 193 8. Well Name and Number: LINDRITH B UNIT 44	
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:	9. API Well No.	
FOOTAGE: 1980' FSL & 1680' FWL	3003923860	
S: 21 T: 024N R: 003W U: K	10. Field and Pool:	
	GL-DK - LINDRITH WEST::GALLUP DAKOTA	
	11. County and State:	
	RIO ARRIBA, NM	
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPOR	RT, OTHER DATA	
Notice of Intent Recompletion	Change of Plans	
X Subsequent Report Plugging Back	New Construction	
Final Abandonment Casing Repair	Non-Routine Fracturing	
Abandonment Altering Casing	Water Shut Off	
X Other- Re-Delivery	Conversion to Injection	
13. Describe Proposed or Completed Operations This well was re-delivered on 7/11/2011 and produced natural gas and enti- Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO L		
TP: 105 CP: 274 Initial MCF: 83	OIL CONS. DIV.	
Meter No.: 92039	DIST. 3	
Gas Co.: ENT	Digi. u	
Gas Co., LIVI		
Deci Time . DEDELINGEN		
Proj Type.: REDELIVERY		
Proj Type.: REDELIVERY 14. I Hereby certify that the foregoing is true and correct.		
	atory Tech. Date : 10/13/2011	
14. I Hereby certify that the foregoing is true and correct. Signed August Title: Staff Regula	ACCEPTED FOR RECORD	
14. I Hereby certify that the foregoing is true and correct. Signed James Title: Staff Regula Tamra Sessions		