

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

DEC 27 2011

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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: 1020' FSL & 1850' FEL

S: 23 T: 028N R: 008W U: O

5. Lease Number:

NM-013860

RCVD JAN 11 '12

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

OIL CONS. DIV.

8. Well Name and Number:

DIST. 3

HARDIE 5

9. API Well No.

3004520257

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVARDE

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 12/9/2011 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS RECOMPLETED INTO MV & CMGL'D W/EXISTING DK / THE MV WAS 1ST DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 12/09/11, MV & EXISTING DK FLOWING TOGETHER ON 12/12/11. FINISHED THE GAS RECOVERY COMPLETION 12/14/11. A REDELIVERY WILL BE SENT W / EQUIPMENT @ A LATER DATE

TP: CP: Initial MCF: 4442

Meter No.: 75861

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

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

Signed

Tamra Sessions

Title: Staff Regulatory Tech.

Date: 12/21/2011

(This Space for Federal or State Office Use)

APPROVED BY:


Title:

Date:

ACCEPTED FOR RECORD

DEC 29 2011

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE
BY 

NMOCDA