

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.

RECEIVED

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

FEB 21 2013

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: 1775' FNL & 1050' FWL
S: 28 T: 027N R: 007W U: E

5. Lease Number:

SF-078640

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

CHCR - NMNM78413D

8. Well Name and Number:

SAN JUAN 28-7 UNIT 175

9. API Well No.

3003920734

10. Field and Pool:

CH - OTERO::CHACRA

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 2/20/2013 and produced natural gas and entrained hydrocarbons.

Notes: "PLEASE NOTE THIS IS A DUAL COMPLETION" THIS WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO NEW DRILL SAN JUAN 28-7 UNIT 217N.

TP: 299 CP: N/A Initial MCF: 547

Meter No.: 89038

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed

Tamra Sessions
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 2/20/2013

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

ACCEPTED FOR RECORD

FEB 21 2013

FARMINGTON FIELD OFFICE
[Signature]

CONDITION OF APPROVAL, if any:

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.

NMOCD ea