

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

FEB 25 2013 FORM APPROVED

Budget Bureau No. 1004-0135

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Expires: March 31, 1993

Entry to Fort Stanton Field Office
Bureau of Land Management

Use "APPLICATION FOR PERMIT" - for such proposals.

1. Type of Well:

Gas

5. Lease Number:

SF-078640

2. Name of Operator:

ConocoPhillips

6. If Indian, allottee or Tribe Name:

3. Address and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499
(505) 326-9700

7. Unit Agreement Name:

DK-NMNM75815
MV-NMNM78413A

8. Well name and number:

SAN JUAN 28-7 UNIT COM 298

4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 1124' FNL & 1821' FWL
S: 27 T: 027N R: 007W U: C

9. API Well No.

3003931093

ROVD MAR 1 '13
OIL CONS. DIV.
DIST. 3

10. Field and Pool:

DK - BASIN::DAKOTA
MV - BLANCO::MESAVERDE

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

13. Describe Proposed or Completed Operations

This well was first delivered on 2/19/2013 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV & DK TOGETHER ON 02/19/13. FINISHED THE GAS RECOVERY COMPLETION 02/21/13. PRODUCED FOR 3 DAYS, WITH AN AVERAGE OF 1765MCF PER DAY.

TP: CP: Initial MCF: 5295
Meter No.: 91074
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: 2/25/2013
Tamra Sessions

(This Space for Federal or State Office Use)

APPROVED BY: _____ Title: _____ Date: FEB 27 2013

CONDITION OF APPROVAL, if any: _____

ACCEPTED FOR RECORD

FARMINGTON FIELD OFFICE