

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

APR 04 2014

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: 890' FNL & 800' FEL  
S: 18 T: 027N R: 007W U: A

5. Lease Number:

SF-078840

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-78413C-DK NMNM-78413A-MV

8. Well Name and Number:

SAN JUAN 28-7 UNIT 113

9. API Well No.

3003921662

10. Field and Pool:

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

RCVD APR 9 '14  
OIL CONS. DIV.  
DIST. 3

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 4/1/2014 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO LOGGING OFF

TP: 229 CP: 263 Initial MCF: 43

Meter No.: 90597

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed Arleen White  
Arleen White

Title: Staff Regulatory Tech.

Date: 4/3/2014

(This Space for Federal or State Office Use)

APPROVED BY: \_\_\_\_\_

Title: \_\_\_\_\_

CONDITION OF APPROVAL, if any: \_\_\_\_\_

ACCEPTED FOR RECORD  
Date: APR - 4 2014  
FARMINGTON FIELD OFFICE  
BY: AW