

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.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

RECEIVED

JUN 24 2014

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: 940' FSL & 825' FWL  
S: 27 T: 024N R: 003W U: M

5. Lease Number:

NM SF-078914

Farmington Field Office  
Bureau of Land Management

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NM NM-78399B-DK

8. Well Name and Number:

LINDRITH B UNIT 8

9. API Well No.

3003922422

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, 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 6/13/2014 and produced natural gas and entrained hydrocarbons.

Notes: RE-DELIVERED SHUT IN FOR MORE THAN 90 DAYS DUE TO LOCATION RESET

OIL CONS. DIV DIST. 3  
JUN 27 2014

TP: RODS CP: 633 Initial MCF: 18  
Meter No.: 93601  
Gas Co.: ENT  
Proj Type.: REDELIVERY

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

Signed

*Denise Journey*  
Denise Journey

Title: Staff Regulatory Tech.

Date: 6/24/2014

(This Space for Federal or State Office Use)

ACCEPTED FOR RECORD

APPROVED BY:

Title:

Date:

JUN 25 2014

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE  
BY: *GM*

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 TV

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FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

RECEIVED

JUN 24 2014

1. Type of Well:

Gas

2. Name of Operator:

BURLINGTON RESOURCES OIL & GAS COMPANY LP

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: 1755' FSL & 1050' FEL  
S: 01 T: 026N R: 010W U: 1

5. Lease Number:

NMSF-077936A

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

HUERFANO UNIT 252

9. API Well No.

3004521402

10. Field and Pool:

FRC - BASIN CB::FRUITLAND COAL

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 5/15/2014 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED, WELL SHUT IN FOR MORE THAN 90 DAYS DUE TO EQUIPMENT ISSUES

TP: 200 CP: 200 Initial MCF: 22

Meter No.: 92989

Gas Co.: ENT

Proj Type.: REDELIVERY

OIL CONS. DIV DIST. 3

JUN 27 2014

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

Signed

Kenny Davis

Title: Staff Regulatory Tech.

Date: 6/4/2014

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

JUN 25 2014

FARMINGTON FIELD OFFICE  
BY: *cm*

CONDITION OF APPROVAL, if any:

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NMOCD *N*