

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
JAN 07 2015

FARMINGTON FIELD OFFICE
RECEIVED

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: 1190' FSL & 1650' FWL
S: 09 T: 029N R: 012W U: N

5. Lease Number:

NM-021119

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

FEDERAL 9

9. API Well No.

3004508481

10. Field and Pool:

DK - BASIN::DAKOTA

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 12/16/2014 and produced natural gas and entrained hydrocarbons.

Notes: DELIVERED / WELL WAS SHUT IN FOR 90 DAYS DUE TO TANK REPLACEMENT / NATIONAL OIL TANK SNE20085
210BBLs / NATIONAL TANK SEPARATOR SN413712 / WESTERN TANK STEEL PIT 80BBLs BELOW GRADE
UNLINED

TP: 760 CP: 760 Initial MCF: 69

OIL CONS. DIV DIST. 3

Meter No.: 72609

JAN 12 2015

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed Dollie A. Busse
Dollie Busse

Title: Staff Regulatory Tech.

Date: 1/6/2015

(This Space for Federal or State Office Use)

APPROVED BY: **ACCEPTED FOR RECORD**

Title: _____

Date: _____

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.

NMOCDC

JAN 08 2015
FARMINGTON FIELD OFFICE
BY: [Signature]