

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
JAN 26 2015
FARMINGTON DISTRICT
BUREAU OF LAND MANAGEMENT

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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: 1090' FSL & 990' FWL
S: 07 T: 027N R: 007W U: M

5. Lease Number:

SF-078835 A

6. If Indian, allottee or Tribe Name:

NMNM7843C - DK NMNM7843D - chaera
NMNM7843A - MV

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 28-7 UNIT 244

9. API Well No.

3003921083

10. Field and Pool:

CH - OTERO::CHACRA
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- Re-Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was re-delivered on 12/12/2014 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED SHUT IN FOR MORE THAN 90 DAYS DUE TO DOWNHOLE ISSUES

TP: 274 CP: 274 Initial MCF: 21

Meter No.: 89289

Gas Co.: ENT

Proj Type.: REDELIVERY

RECEIVED
JAN 30 2015
NMOCD
DISTRICT III

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

Signed

Denise Journey
Denise Journey

Title: Staff Regulatory Tech.

Date: 1/26/2015

(This Space for Federal or State Office Use)

APPROVED BY: ACCEPTED FOR RECORD

Title:

NMOCD

Date: