

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

APR 07 2015

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

Farmington Field Office
Bureau of Land Management

1. Type of Well:

Gas

5. Lease Number:

NM-04202

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:

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

FOOTAGE: 1738' FSL & 15' FWL
S: 09 T: 028N R: 009W U: L

8. Well Name and Number:

JACKSON COM 1N

9. API Well No.

3004535415

10. Field and Pool:

DK - BASIN::DAKOTA
MV - BLANCO::MESAVARDE

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

13. Describe Proposed or Completed Operations

This well was first delivered on 3/18/2015 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH THE GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV ON 3/18/15, MV & DK FLOWING TOGETHER ON 3/19/15. FINISHED THE GAS RECOVERY COMPLETION 3/23/15. PRODUCED FOR 6 DAYS WITH AN AVERAGE OF 2101 MCF PER DAY.

TP: CP: Initial MCF: 12608

Meter No.: 91137

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

OIL CONS. DIV DIST. 3

APR 13 2015

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

Signed

Patsy Clugston
Patsy Clugston

Title: Staff Regulatory Tech.

Date: 4/2/2015

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date: ACCEPTED FOR RECORD

CONDITION OF APPROVAL, if any:

APR 07 2015

NMOCDA

FARMINGTON FIELD OFFICE
BY: *cm*