

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

AUG 05 2015

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: 1915' FNL & 1960' FWL
S: 24 T: 031N R: 008W U: F

5. Lease Number:

NMSF-079351

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMM 78424 D

8. Well Name and Number:

SAN JUAN 32-8 UNIT 15M

9. API Well No.

3004533772

10. Field and Pool:

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

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 7/30/2015 and produced natural gas and entrained hydrocarbons.

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

OIL CONS. DIV DIST. 3

AUG 19 2015

TP: 1294 CP: 298 Initial MCF: 1000

Meter No.: 83205

Gas Co.: WFC

Proj Type.: REDELIVERY

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

Signed Arleen White
Arleen White

Title: Staff Regulatory Tech.

Date: 8/3/2015

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

APPROVED BY: _____

Title: _____

Date: _____

AUG - 7 2015

CONDITION OF APPROVAL, if any: _____

FARMINGTON FIELD OFFICE

NMOCD

Handwritten initials: KC, PC