

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 re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

5. Lease Serial No.
State Well

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side

7. If Unit or CA Agreement, Name and/or No.
070 FARMINGTON NM

8. Well Name and No.
San Juan 28-7 Unit #194G

9. API Well No.
30-039-26970

10. Field and Pool, or Exploratory Area
Blanco Mesaverde/Basin Dakota

11. County or Parish, State
Rio Arriba
NM

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
ConocoPhillips Co.

3a. Address
P.O. Box 2197, WL3-6085 Houston Tx 77252

3b. Phone No. (include area code)
(832)486-2463

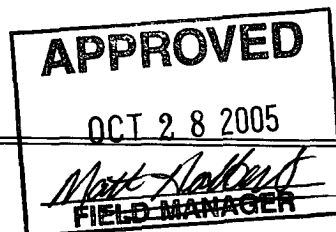
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 21 T28N R7W SWSE 30FSL 2135FEL

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/ Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Allocation
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

ConocoPhillips requests using the percentage method commingle allocation on this well as per attached information submitted and approved by the OCD back in May, 2004.



14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)
Christina Gustartis

Title
Regulatory Specialist

Signature

Chris Gustartis

Date
10/20/2005

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

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 or representations as to any matter within its jurisdiction.

Allocation for San Juan 28-7 Unit Well 194G

Initial flow tests as reported by the field operator indicated:

Mesaverde (2 3/8" tubing at 4251')
08/27/02 1/2" choke 300 psi tbg. press. 660 psi csg. press. 1980 MCFPD + 1 BOPD + 5 BWPD

Dakota (2 3/8" tubing with packer at 6855')
08/30/02 1/2" choke 61 psi tbg. press. 760 psi csg. press. 403 MCFPD + 0 BOPD + 10 BWPD

Based on these initial inflow tests, calculated DHC allocation percentages are:

Fixed Allocation (Gas)	Dakota	17%
	Mesaverde	83%

Fixed Allocation (Oil)	Dakota	17%
	Mesaverde	83%

Please allocate production based on the above estimated percentages. Thank you.

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM

87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-10

Revised June 10, 20

<p>SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10) FOR SUCH PROPOSALS.)</p>		<p>WELL API NO. 30-039-26970</p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other</p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator ConocoPhillips Co.</p>		<p>6. State Oil & Gas Lease No.</p>
<p>3. Address of Operator P.O. Box 2197, WL3-6054, Houston, Tx. 77252</p>		<p>7. Lease Name or Unit Agreement Name San Juan 28-7 Unit</p>
<p>4. Well Location Unit Letter <u>O</u> : 30 feet from the <u>South</u> line and 2135 feet from the <u>East</u> line Section 21 Township 28N Range 7W NMPM County Rio Arriba</p>		<p>8. Well Number 194G</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6018'</p>		<p>9. OGRID Number 217817</p>
<p>10. Pool name or Wildcat Blanco Mesaverde/Basin Dakota</p>		

<p>12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data</p>			
<p>NOTICE OF INTENTION TO:</p>		<p>SUBSEQUENT REPORT OF:</p>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Allocations <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

ConocoPhillips requests allocation on this well as attached. This is in reference to DHC746AZ.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Christina Gustartis TITLE As Agent for ConocoPhillips DATE 05/05/2004

Type or print name Christina Gustartis E-mail address: Telephone No. (832)486-24

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APPROVED BY [Signature] TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 08 DATE MAY - 7 2004

Conditions of approval, if any: