

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

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

SEP 02 2016

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: 1080' FNL & 810' FWL  
S: 03 T: 027N R: 007W U: D

5. Lease Number:

SF-078496

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 28-7 UNIT 181M

9. API Well No.

3003925355

10. Field and Pool:

~~DK - BASIN::DAKOTA~~ CIBP  
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 8/26/2016 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERY / SHUT IN FOR MORE THAN 90 DAYS DUE TO EQUIPMENT ISSUE / RETURNED TO PRODUCTION

TP: 123 CP: 126 Initial MCF: 13

Meter No.: 97678

Gas Co.: ENT

Proj Type.: REDELIVERY

OIL CONS. DIV DIST. 3

SEP 16 2016

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

Signed

*Dollie J Busse*  
Dollie Busse

Title: Staff Regulatory Tech.

Date: 9/1/2016

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

SEP 08 2016

FARMINGTON FIELD OFFICE

BY: *CM*

CONDITION OF APPROVAL, if any: