

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.

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: 1190' FNL & 1845' FWL

S: 16 T: 026N R: 004W U: C

5. Lease Number:

CONTRACT 104

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

JICARILLA E 15E

9. API Well No.

3003925736

10. Field and Pool:

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

11. County and State:

RIO ARRIBA, NM

RECEIVED

JAN 05 2017

Farmington Field Office
Bureau of Land Management

OIL CONS. DIV DIST. 3

JAN 11 2017

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 1/3/2017 and produced natural gas and entrained hydrocarbons.

Notes: WELL HAS BEEN SHUT IN FOR MORE THAN 90 DAYS FOR REPAIR AND REMEDIATION.

TP: 402 CP: 404 Initial MCF: 314

Meter No.: 36012

Gas Co.: WFC

Proj Type.: REDELIVERY

ACCEPTED FOR RECORD

JAN 09 2017

FARMINGTON FIELD OFFICE
BY: *Madon*

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

Signed _____ Title: Staff Regulatory Tech. Date: 1/4/2017

(This Space for Federal or State Office Use)

APPROVED BY: *Christine Brock* Title: *Regulatory Specialist* Date: *1-4-17*

CONDITION OF APPROVAL, if any:

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.

NMOCB