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	**5. Lease Number:** SF-078913
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:** **8. Well Name and Number:** OIL CONS. DIV DIST. 3 LINDRITH B UNIT 31 APR 27 2017
4. Location of Well, Footage, Sec. T, R, U: FOOTAGE: 660' FNL & 2080' FWL S: 21 T: 024N R: 003W U: C	**9. API Well No.** 3003923968
	10. Field and Pool: GL-DK - LINDRITH WEST::GALLUP DAKOTA
	11. County and State: RIO ARRIBA, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

___ Notice of Intent	___ Recompletion	___ Change of Plans
X Subsequent Report	___ Plugging Back	___ New Construction
___ Final Abandonment	___ Casing Repair	___ Non-Routine Fracturing
___ Abandonment	___ Altering Casing	___ Water Shut Off
	X Other- Re-Delivery	___ Conversion to Injection

13. Describe Proposed or Completed Operations

This well was re-delivered on 4/13/2017 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS SHUT IN FOR MORE THAN 90 DAYS DUE TO ROAD CONDITIONS. RETURNED TO PRODUCTION 4/13/2017.

TP: 142   CP: 154   Initial MCF: 31

Meter No.:   92076

Gas Co.:   ENT

Proj Type.:   REDELIVERY

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

Signed *Christine Brack*   Title: Staff Regulatory Tech.   Date: 4/20/2017

(This Space for Federal or State Office Use)

APPROVED BY: _____   Title: _____   Date: _____

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.

NMOCD