

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

RECEIVED

AUG 30 2017

Farmington Field Office  
Bureau of Land Management

1. Type of Well:

Gas

2. Name of Operator:

HILCORP ENERGY COMPANY

3. Address and Phone No. of Operator:

P.O. Box 4700 Farmington, NM 87499  
505-599-3400

4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 100'FNL & 1330'FEL  
S: 03 T: 030N R: 006W U: B

5. Lease Number:

SF-078999

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

OIL CONS. DIV DIST. 3

8. Well Name and Number:

SAN JUAN 31-6 UNIT 218A

SEP 08 2017

9. API Well No.

3003929422

10. Field and Pool:

FRC - BASIN CB::FRUITLAND COAL

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 8/10/2017 and produced natural gas and entrained hydrocarbons.

Notes: WELL WAS SHUT-IN FOR MORE THAN 90 DAYS DUE TO ECONOMICS.

TP: 10 CP: 145 Initial MCF: 71

Meter No.: 31633168

Gas Co.: COP

Proj Type.: REDELIVERY

ACCEPTED FOR RECORD

SEP 01 2017

FARMINGTON FIELD OFFICE  
BY: *William Tambekou*

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

Signed *[Signature]* Title: Operations/Regulatory Tech. Date: 8/29/2017

(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.