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NOV 16 2007

Bureau of Land Management
Farmington Field Office

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.

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: 1340' FNL & 2280' FWL

S: 21 T: 029N R: 005W U: F

FORM APPROVED

Budget Bureau No. 1004-013

Expires: March 31, 1993

5. Lease Number:

NMNM-03188

6. If Indian, allottee or Tribe Name

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 29-5 UNIT 64F

9. API Well No.

300392973800

10. Field and Pool:

MV

DK

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
☒ Subsequent Report	☐ Plugging Back	☐ New Constructio
☐ Final Abandonment	☐ Casing Repair	☐ Non-Routine Fracturing
☐ Abandonment	☐ Altering Casing	☐ Water Shut Off
	☒ Other - First Delivery	☐ Conversion to Injection

13. Describe Proposed or Completed Operations

This well was first delivered on 11/14/2007 and produced natural gas and entrained hydrocarbons.

TP: 595

CP: 472

Initial MCF:

854

Meter No. 83996-013

Gas Co.: WFS

RCVD NOV 21 '07
OIL CONS. DIV.

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

DIST. 3

Signed

Marie E. Jaramillo
Marie E. Jaramillo

Title: Regulatory Tech.

Date: 11/15/2007

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

ACCEPTED FOR RECORD

CONDITION OF APPROVAL, if any:

NOV 19 2007

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.

FARMINGTON DISTRICT OFFICE
BY *[Signature]*

NMOCD

[Signature]