

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.

RECEIVED

AUG 15 2008

Bureau of Land Management
Farmington Field Office

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

RCVD AUG 19 '08

OIL CONS. DIV.
DIST. 3

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: 1450' FSL & 790' FWL

S: 24 T: 028N R: 007W U: L

5. Lease Number:

SF-079290

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 28-7 UNIT 259

9. API Well No.

3003921690

10. Field and Pool:

DK - BASIN::DAKOTA

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 7/17/2008 and produced natural gas and entrained hydrocarbons.

TP: 620

CP: 736

Initial MCF: 1348

ACCEPTED FOR RECORD

Meter No.: 90141

AUG 15 2008

Gas Co.: EFS

FARMINGTON FIELD OFFICE
BY 

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

Signed


Marie E. Jaramillo

Title: Regulatory Tech.

Date: 8/13/2008

(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