

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 14 2009

FORM APPROVED

Budget Bureau No 1004-0135

Expires: March 31, 1993

Bureau of Land Management
Farmington Field Office

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: 920' FSL & 1585' FWL

S: 21 T: 030N R: 005W U: N

5. Lease Number:

SF-078739

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 30-5 UNIT 75N

9. API Well No.

3003930643

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

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-First Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was first delivered on 8/3/2009 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH THE GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 08/03/09, MV & DK FLOWING TOGETHER ON 08/06/09. FINISHED THE GAS RECOVERY COMPLETION 08/13/09.

TP: CP: Initial MCF: 14534

RCVD AUG 21 '09

Meter No.: 83243

OIL CONS. DIV.

Gas Co.: WFS

Proj Type.: GAS RECOVERY COMPLETION

DIST. 3

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

Signed

Tamra Sessions

Title: Staff Regulatory Tech.

Date: 8/14/2009

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

ACCEPTED FOR RECORD

AUG 19 2009

CONDITION OF APPROVAL, if any:

NMOCDA

8/27/09

FAC
BY