

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 05 2011

Farmington Field Office  
Bureau of Land Management

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: 1160' FSL & 950' FEL  
S: 15° T: 029N R: 005W U: P

5. Lease Number:

SF-080069

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-79415C

8. Well Name and Number:

SAN JUAN 29-5 UNIT 97

9. API Well No.:

3003922098

10. Field and Pool:

PC - GOBERNADOR: PICTURED CLIFFS

11. County and State:

RIO ARRIBA, NM

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

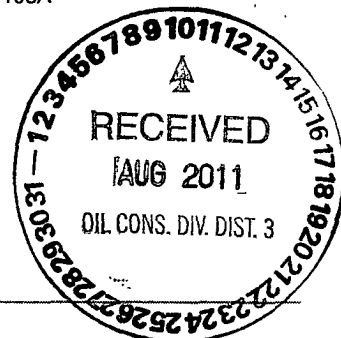
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Recompletion                  | <input type="checkbox"/> Change of Plans         |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Plugging Back                 | <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 12/15/2010 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO NEW DRILL SAN JUAN 29-5 UNIT 108A

TP: 0 CP: 424 Initial MCF: 625  
Meter No.: 85313  
Gas Co.: WFC  
Proj Type.: REDELIVERY



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

Signed: Tamra Sessions Title: Staff Regulatory Tech. Date: 8/4/2011  
Tamra Sessions

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

APPROVED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Date: AUG 08 2011

CONDITION OF APPROVAL, if any: \_\_\_\_\_ BY CM

AMOCDA