

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.

RECEIVED

FORM APPROVED

DEC - 1 2011

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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: 2431' FNL & 1706' FWL

S: 35 T: 029N R: 005W U: F

5. Lease Number:

SF-078917

RCVD DEC 14 '11

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name: OIL CONS. DIV.

DK-NMNM 78415B

MV-NMNM 78415A

8. Well Name and Number:

SAN JUAN 29-5 UNIT 9001 DIST. 3

9. API Well No.

3003930672

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 11/22/2011 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV & DK TOGETHER ON 11/22/11. FINISHED THE GAS RECOVERY COMPLETION 11/28/11.

TP: CP: Initial MCF: 7179

Meter No.: 80100

Gas Co.: WFC

Proj Type.: GAS RECOVERY COMPLETION

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

Signed

Tamra Sessions
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 12/1/2011

ACCEPTED FOR RECORD

DEC 05 2011

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

FARMINGTON FIELD OFFICE
BY *[Signature]*

CONDITION OF APPROVAL, if any:

NMOCD *[Signature]*