

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

Budget Bureau No. 1004-0135

Expires: March 31, 1993

NOV 14 2012

Farmington Field Office
Bureau of Land Management

1. Type of Well:

Gas

5. Lease Number:

SF-078051

2. Name of Operator:

ConocoPhillips

6. If Indian, allottee or Tribe Name:

3. Address and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499
(505) 326-9700

7. Unit Agreement Name:

8. Well Name and Number:

F E PROCTOR 1

4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 299' FSL & 1930' FEL
S: 15 T: 031N R: 011W U: O

9. API Well No.

3004535368

RCUD NOV 30 '12
OIL CONS. DIV.
DIST. 3

10. Field and Pool:

DK - BASIN::DAKOTA
MV - BLANCO::MESAVERDE

11. County and State:

SAN JUAN, 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 11/12/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV & DK TOGETHER 11/12/12. FINISHED THE GAS RECOVERY COMPLETION 11/12/12. A REDELIVERY WILL BE SENT W / EQUIPMENT @ A LATER DATE

TP: CP: Initial MCF: 57

Meter No.: 91072

Gas Co.: ENT

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: 11/14/2012

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

ACCEPTED FOR RECORD

NOV 15 2012

FARMINGTON FIELD OFFICE
BY [Signature]

CONDITION OF APPROVAL, if any:

NMOC
Ca