

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.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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: 1288' FNL & 1808' FEL
S: 21 **T:** 026N **R:** 008W **U:** B

5. Lease Number:

SF-078384

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

DK-NMNM96752 & MV-NMNM112689

8. Well Name and Number:

HODGES 14E

9. API Well No.

3004535261

RCVD DEC 26 '12
OIL CONS. DIV.
DIST. 3

10. Field and Pool:

DK - BASIN::DAKOTA
MC - BASIN::MANCOS

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 11/13/2012 and produced natural gas and entrained hydrocarbons.

Notes: CIBP HAS BEEN REMOVED FROM OVER THE DK. 1st DELIVERED THE DK THROUGH GAS RECOVERY COMPLETION ON 11/13/12. FINISHED THE GAS RECOVERY COMPLETION 11/16/12. WELL IS NOW PRODUCING AS A MC/DK DOWN HOLE COMMINGLE AFTER PRODUCING AS A STANDALONE MC FOR APPROXIMATELY 4 MONTHS.

TP: **CP:** **Initial MCF:** 619

Meter No.: 80111

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: 11/30/2012

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

APPROVED BY: _____

Title: _____

Date: DEC 11 2012

FARMINGTON FIELD OFFICE

CONDITION OF APPROVAL, if any: _____

NMOCD ca