

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
Budget Bureau No. 1004-0135
Expires: March 31, 1993

FEB 21 2013

**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: 760' FNL & 1730' FWL
S: 28 **T:** 024N **R:** 003W **U:** C

5. Lease Number:

SF-078914

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

GLLP/DK - NMNM78399B

8. Well Name and Number:

LINDRITH B UNIT 45

9. API Well No.

3003923873

10. Field and Pool:

GL-DK - LINDRITH WEST::GALLUP DAKOTA

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 12/27/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO DOWNHOLE ISSUES.

TP: 237 **CP:** 237 **Initial MCF:** 10

Meter No.: 95943

Gas Co.: ENT

Proj Type.: REDELIVERY

RCVD FEB 25 '13

OIL CONS. DIV.

DIST. 3

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

Signed Tamra Sessions
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 2/20/2013

ENTERED
AFMS

(This Space for Federal or State Office Use)

APPROVED BY: _____

Title: _____

Date: _____

FEB 21 2013

BY ll

CONDITION OF APPROVAL, if any: _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements.

NMCCD
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