

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

MAR 08 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: 1020' FSL & 1675' FEL  
S: 18 T: 027N R: 007W U: O

5. Lease Number:

SF-078840

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM18413A(MV)

8. Well Name and Number:

SAN JUAN 28-7 UNIT 113N

9. API Well No.

3003931146

RCVD MAR 19 '13  
OIL CONS. DIV.  
DIST. 3

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 2/28/2013 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING MV/DK FLOWING TOGETHER ON 2/28/13. FINISHED THE GAS RECOVERY COMPLETION ON 3/4/13.

TP: CP: Initial MCF: 4062

Meter No.: 91088

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

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

Signed

Arleen White  
Arleen White

Title: Staff Regulatory Tech.

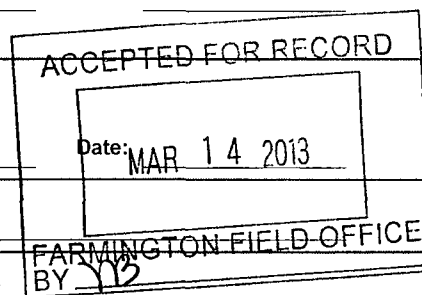
Date: 3/8/2013

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

CONDITION OF APPROVAL, if any:



NMOCDCa