

Submitted in lieu of Form 3160-5 (June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS

JUN 17 2013

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

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Farmington Field Office  
Bureau of Land Management

Use "APPLICATION FOR PERMIT" - for such proposals.

Revised

1. Type of Well:

Gas

5. Lease Number:

SF-078049-A

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:

HARDIE 2N

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

FOOTAGE: 2363' FSL & 1694' FWL  
S: 28 T: 029N R: 008W U: K

9. API Well No.

3004535070

RCVD JUN 19 '13  
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 5/3/2013 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING MV ON 5/3/13, MV & DK FLOWING TOGETHER ON 5/3/13. FINISHED THE GAS RECOVERY COMPLETION ON 5/7/13.

TP: CP: Initial MCF: 6203

Meter No.: 91094

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

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

Signed

Patsy Clugston

Title: Staff Regulatory Tech.

Date: 6/13/2013

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

ACCEPTED FOR RECORD

Date:

JUN 17 2013

CONDITION OF APPROVAL, if any:

NMOCD

FARMINGTON FIELD OFFICE  
BY: *cm*