

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.

S/2  
RECEIVED *aled*

FORM APPROVED

JUN 21 2013

Budget Bureau No. 1004-0135

Expires: March 31, 1993 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: 710' FSL & 710' FWL

S: 13 T: 032N R: 012W U: M

5. Lease Number:

FEE

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NM 73330 (MV) *Need CA for DK*

8. Well Name and Number:

MOORE COM LS 3P

9. API Well No.

3004535207

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 6/20/2013 and produced natural gas and entrained hydrocarbons.

Notes: DELIVERED THRU GAS RECOVERY COMPLETION. STARTED SELLING MV ON 6/13/13, MV & DK FLOWING TOGETHER ON 6/17/13. FINISHED THE GAS RECOVERY COMPLETION ON 6/20/13. A REDELIVERY WILL BE SENT W/ EQUIPMENT @ A LATER DATE.

TP: CP: Initial MCF: 4490

OIL CONS. DIV DIST. 3

Meter No.: 34341

JUL 05 2013

Gas Co.: WFC

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.

ACCEPTED FOR RECORD  
Date: 6/29/2013

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

JUL - 2 2013  
Date:

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE  
BY: *[Signature]*

NMOCD *AV*