

RECEIVED

Form 3160-5  
(August 2007)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

JUN 03 2013

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

Farmington Field Office

5. Lease Serial No. **SF-079000**  
6. If Indian, Allottee or Tribe Name

**SUNDRY NOTICES AND REPORTS ON WELLS of Land Management**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

*SUBMIT IN TRIPLICATE - Other instructions on page 2.*

1. Type of Well  
 Oil Well  Gas Well  Other

7. If Unit of CA/Agreement, Name and/or No.  
**San Juan 31-6 Unit**

2. Name of Operator  
**ConocoPhillips Company**

8. Well Name and No.  
**San Juan 31-6 Unit 209A**

3a. Address  
**PO Box 4289, Farmington, NM 87499**

3b. Phone No. (include area code)  
**(505) 326-9700**

9. API Well No.  
**30-039-29453**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**Surface UL D: (NWNW), 816' FNL & 435' FWL, Sec. 1, T30N, R7W**

10. Field and Pool or Exploratory Area  
**Basin FC**

11. Country or Parish, State  
**Rio Arriba New Mexico**

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Legacy</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Reclamation</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once Testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

ConocoPhillips Company has completed the Legacy Reclamation of the location on 5/14/13, as requested by Mike Flaniken during the onsite inspection. Please schedule a field inspection to verify ConocoPhillips has met the BLM requirements on this reclamation work.

OIL CONS. DIV DIST. 3

OCT 29 2013

ACCEPTED FOR RECORD

OCT 25 2013

FARMINGTON FIELD OFFICE  
BY \_\_\_\_\_

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Kenny Davis

Title REGULATORY TECHNICIAN

Signature

Date

5/28/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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 or representations as to any matter within its jurisdiction.

(Instruction on page 2)

NMOCDCa

Legacy



Reclamation Form:

30-039-29453

Date: 5-20-2013

Well Name: SJ 31-2 209A

Footages: 816 FNL, 435 F2L Unit Letter: \_\_\_\_\_

Section: 1, T-30-N, R-7 -W, County: RA State: NM

Reclamation Contractor: MM

Reclamation Start Date: 5-14-13

Reclamation Complete Date: 5-14-13

Road Completion Date: 5-14-13

Seeding Date: 5-16-13

\*\*PIT MARKER STATUS (When Required): Picture of Marker set needed

MARKER PLACED : \_\_\_\_\_ (DATE)

LATITUDE: \_\_\_\_\_

LONGITUDE: \_\_\_\_\_

Pit Manifold removed \_\_\_\_\_ (DATE)

Construction Inspector: Norman Faver Date: 5-20-13

Inspector Signature: Norman Faver

Office Use Only: Subtask \_\_\_\_\_ DSM \_\_\_\_\_ Folder \_\_\_\_\_ Pictures \_\_\_\_\_

SS 31-2 209A

