

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.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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: 1875' FNL & 175' FEL
S: 21 T: 031N R: 008W U: H

5. Lease Number:

NMNM-03402

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-78424D-DK NMNM-78424A-MV

8. Well Name and Number:

SAN JUAN 32-8 UNIT 7M

9. API Well No.

3004533307

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- Re-Delivery | <input type="checkbox"/> Conversion to Injection |

13. Describe Proposed or Completed Operations

This well was re-delivered on 8/19/2014 and produced natural gas and entrained hydrocarbons.

Notes: SHUT IN FOR MORE THAN 90 DAYS DUE TO TUBING ISSUES

RCVD SEP 4 '14
OIL CONS. DIV.
DIST. 3

TP: 0 CP: 10 Initial MCF: 77

Meter No.: 32833342

Gas Co.: COP

Proj Type.: REDELIVERY

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

Signed Arleen White Title: Staff Regulatory Tech. Date: 8/21/2014
Arleen White

(This Space for Federal or State Office Use)

APPROVED BY: _____ Title: _____ Date: _____

CONDITION OF APPROVAL, if any: _____

ACCEPTED FOR RECORD

SEP 02 2014

FARMINGTON FIELD OFFICE
BY: CAH

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