

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

RECEIVED

FEB 17 2015

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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: 635' FNL &amp; 2595' FWL

S: 08 T: 027N R: 007W U: C

## 5. Lease Number:

SF-078565

## 6. If Indian, allottee or Tribe Name:

## 7. Unit Agreement Name:

NMNM-78413C-DK NMNM-78413A-MV

## 8. Well Name and Number:

SAN JUAN 28-7 UNIT 228F

## 9. API Well No.

3003926951

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

## 13. Describe Proposed or Completed Operations

This well was re-delivered on 2/9/2015 and produced natural gas and entrained hydrocarbons.

Notes: RE DELIVERED SHUT IN FOR MORE THAN 90 DAYS DUE TO PIT REPLACEMENT

TP: 289

CP: 289

Initial MCF: 231

Meter No.: 98551

Gas Co.: ENT

Proj Type.: REDELIVERY

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FEB 26 2015

NMOCD  
DISTRICT III

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

Signed

*Denise Journey*  
Denise Journey

Title: Staff Regulatory Tech.

Date: 2/10/2015

(This Space for Federal or State Office Use)

APPROVED BY: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

CONDITION OF APPROVAL, if any: \_\_\_\_\_

FARMINGTON FIELD OFFICE  
BY: *CNC*

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KC