

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.

OIL CONS. DIV DIST. 3

JUN 17 2015

RECEIVED

JUN 08 2015

FORM APPROVED

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: 1650' FNL & 800' FWL
S: 15 T: 024N R: 003W U: E

5. Lease Number:

SF-078913

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

LINDRITH B UNIT 22

9. API Well No.

3003923036

10. Field and Pool:

DK - LINDRITH GALLUP::DAKOTA

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 6/2/2015 and produced natural gas and entrained hydrocarbons.

Notes: SHUT OFF FOR MORE THAN 90 DAYS DUE TO SEPARATOR ISSUE

TP: 478 CP: 481 Initial MCF: 6

Meter No.: 94515

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed

Arleen White
Arleen White

Title: Staff Regulatory Tech.

ACCEPTED FOR RECORD

Date: 6/5/2015

JUN - 8 2015

FARMINGTON FIELD OFFICE
BY *[Signature]* Date:

(This Space for Federal or State Office Use)

APPROVED BY: _____

Title: _____

CONDITION OF APPROVAL, if any: _____

Title 18 U.S.C. Section 1001, makes 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.

NMOCD

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