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

RECEIVED

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		Farmington Fi	eld Office
1. Type of Well:		5. Lease Number:	Managem
Gas		SF-078417	
2. Name of Operator:		6. If Indian, allottee or Tribe Name:	
ConocoPhillips		*	
		7. Unit Agreement Name:	
 Address and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499 (505) 326-9700 		8. Well Name and Number:	
(505) 320-9700		SAN JUAN 28-7 UNIT 256E	
4. Location of Well, Footage, Sec. T, R, U: FOOTAGE: 1960' FSL & 1390' FEL S: 17 T: 028N R: 007W U: J		9. API Well No.	
		3003922363	
		10. Field and Pool:	
		DK - BASIN::DAKOTA	
		11. County and State:	
		RIO ARRIBA, NM	

12. CHECK APPROPRIATE BOX TO INDICATE N	NATURE OF NOTICE, RE	PORT, OTHER DATA	
Notice of Intent	Recompletion	Change of Plans	
X Subsequent Report	Plugging Back	New Construction	
Final Abandonment	Casing Repair	Non-Routine Fracturing	
Abandonment	Altering Casing	Water Shut Off	
	X Other- Re-Delivery	Conversion to Injection	
13. Describe Proposed or Completed Operation	IS		
This well was re-delivered on 8/24/2015 and	produced natural gas and	entrained hydrocarbons.	
Notes: REDELIVERED ON 8/24/15 AFT SURFACE EQUIPMENT ISSUES		MORE THAN 90 DAYS DUE TO BOTH DOWNHOLE AND	
		OII OONO DIVIDIOTI S	
TP: 908 CP: 920	Initial MCF: 73	OIL CONS. DIV DIST. 3	
Meter No.: 93786		SEP 0 2 2015	
Gas Co.: ENT			
Proj Type.: REDELIVERY			
14. I Hereby certify that the foregoing is true an	d correct		
14. Thereby certain that the foregoing to true day	<i>y</i> 001100ti		
Signed Talsy Clark	Title: Staff Reg	gulatory Tech. Date: 8/25/2015	
Patsy Clugston		ACCEPTED	
		ACCEPTED FOR RECO	RD
(This Space for Federal or State Office Use)			
APPROVED BY:	Title:	Date: FARAMINE 25 2015	
		Date: FARMINGTON FIELD OFFICE	
CONDITION OF APPROVAL, if any:		(M) OFFICE	E



