

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

MAY 19 2016

Farmington Field Office
Bureau of Land Management

1. Type of Well:

Gas

5. Lease Number:

SF-078565-A

2. Name of Operator:

ConocoPhillips

6. If Indian, allottee or Tribe Name:

3. Address and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499
(505) 326-9700

7. Unit Agreement Name:

NMNM-78565A-MV NMNM-78413C-DK

8. Well Name and Number:

SAN JUAN 28-7 UNIT 261M

4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 1510' FNL & 1475' FWL
S: 05 T: 027N R: 007W U: F

9. API Well No.

3003926540

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 3/21/2016 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED / WELL SHUT IN FOR MORE THAN 90 DAYS DUE TO REMEDIATION / RETURNED TO PRODUCTION

OIL CONS. DIV DIST. 3

TP: 214 CP: 325 Initial MCF: 176

MAY 26 2016

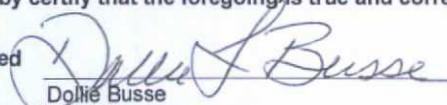
Meter No.: 98333

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed


Dollie Busse

Title: Staff Regulatory Tech.

Date: 5/19/2016

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

MAY 23 2016

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE
BY: 

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

XC