

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.

RECEIVED

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

JUL 22 2016

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: 1550' FSL & 975' FWL
S: 21 T: 027N R: 007W U: L

5. Lease Number:

SF-078640

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM 78413B-PC NMNM 78413D-CH

8. Well Name and Number:

SAN JUAN 28-7 UNIT 207

9. API Well No.

3003920976

10. Field and Pool:

CH - OTERO::CHACRA
PC - BLANCO SOUTH::PICTURED CLIFFS

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 7/6/2016 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED / SHUT IN FOR MORE THAN 90 DAYS DUE TO EQUIPMENT REPAIR / RETURNED TO PRODUCTION

TP: 264 CP: N/A Initial MCF: 38

Meter No.: 89273

Gas Co.: ENT

Proj Type.: REDELIVERY

OIL CONS. DIV DIST. 3

AUG 01 2016

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

Signed

Dollie Busse
Dollie Busse

Title: Staff Regulatory Tech.

Date: 7/13/2016

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

JUL 21 2015

APPROVED BY:

Title:

Date:

FARMINGTON FIELD OFFICE

BY: *[Signature]*

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 AV