

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.

RECEIVED

SEP 27 2016

Farmington Field Office  
Bureau of Land Management

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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: 1625' FSL & 1507' FEL

S: 33 T: 031N R: 006W U: J

5. Lease Number:

NMSF-078999

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-78421B <sup>UK</sup> NMNM-78421A-MV

8. Well Name and Number:

SAN JUAN 31-6 UNIT 25E

9. API Well No.

3003925282

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 8/22/2016 and produced natural gas and entrained hydrocarbons.

Notes: WELL WAS SHUT IN DUE TO PUMPING UNIT PROBLEMS.

TP: 200 CP: 370 Initial MCF: 205  
Meter No.: 81456  
Gas Co.: WFC  
Proj Type.: REDELIVERY

OIL CONS. DIV DIST. 3  
OCT 03 2016

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

Signed [Signature] Title: Staff Regulatory Tech. Date: 9/26/2016

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

SEP 28 2016

APPROVED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Date: FARMINGTON FIELD OFFICE  
BY: [Signature]

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

NMOCD Av