

RECEIVED

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

Farmington Field Office
Bureau of Land Management

MAY 17 2017

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: 1150' FSL & 1800' FWL

S: 22 T: 032N R: 007W U: N

5. Lease Number:

SF-078459

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 32-7 UNIT 44

9. API Well No.

3004521329

10. Field and Pool:

DK - BASIN::DAKOTA

FRS - LOS PINOS SOUTH:FRUITLAND/PC

11. County and State:

SAN JUAN, NM

OIL CONS. DIV DIST. 3
MAY 22 2017

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 5/9/2017 and produced natural gas and entrained hydrocarbons.

Notes: WELL WAS SHUT IN FOR MORE THAN 90 DAYS FOR EQUIPMENT REPAIRS. RETURNED TO PRODUCTION 5/9/2017.

TP: 410 CP: 655 Initial MCF: 446

Meter No.: 87879

Gas Co.: WFC

Proj Type.: REDELIVERY

ACCEPTED

MAY 18 2017

FARMINGTON FIELD OFFICE

BY: William Tambekou

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

Signed Christine Brock Title: Staff Regulatory Tech. Date: 5/17/2017

(This Space for Federal or State Office Use)

APPROVED BY: _____ Title: _____ Date: _____

CONDITION OF APPROVAL, if any: _____