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

AUG 14 2018

Farmington Field Office
Bureau of Land Management

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1. Type of Well:

Gas

2. Name of Operator:

Hilcorp Energy Company

3. Address and Phone No. of Operator:

382 Road 3100 Aztec, NM 87410

505-599-3400

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

FOOTAGE: 1100' FSL & 2600' FEL

S: 09   T: 029N   R: 005W   U: O

5. Lease Number:

SF-078642

6. If Indian, allottee or Tribe Name:

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7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 29-5 UNIT 61A

9. API Well No.

3003929759

10. Field and Pool:

MV - BLANCO::MESAVERDE
PC - GOBERNADOR:PICTURED CLIFFS

11. County and State:

RIO ARRIBA, NM

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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, 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

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13. Describe Proposed or Completed Operations

This well was re-delivered on 8/10/2018 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS RECOMPLETED TO THE GOBERNADOR PICTURED CLIFFS & COMMINGLED WITH THE EXISTING BLANCO MESAVERDE.

TP: 192   CP: 192   Initial MCF: 14

Meter No.:   8392301

Gas Co.:   WFC

Proj Type.:   RECOMPLETE

NMOCD

AUG 27 2018

DISTRICT III

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

Signed _Etta Trujillo_   Title: Operations/Regulatory Tech - Sr.

Etta Trujillo

ACCEPTED FOR RECORD

Date: 8/14/2018

AUG 20 2018

FARMINGTON FIELD OFFICE
BY

(This Space for Federal or State Office Use)

APPROVED BY: _____   Title: _____   Date: _____

CONDITION OF APPROVAL, if any: _____

NMOCD