

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

MAR 27 2009

Sundry Notices and Reports on Wells

Bureau of Land Management
Farmington Field Office

- | | |
|---|--|
| <p>1. Type of Well
GAS</p> <p>2. Name of Operator
CONOCOPHILLIPS COMPANY</p> <p>3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M

Surf: Unit I (NESE), 1600' FSL & 870' FEL, Section 11, T28N, R07W, NMPM</p> | <p>5. Lease Number
SF-079289-A</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name
San Juan 28-7 Unit</p> <p>8. Well Name & Number
San Juan 28-7 Unit 74A</p> <p>9. API Well No.

30-039-22237</p> <p>10. Field and Pool

Blanco MV/ South Blanco PC</p> <p>11. County and State
Rio Arriba, NM</p> |
|---|--|

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

Type of Submission	Type of Action		Other -	Commingle
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction		
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging	<input type="checkbox"/> Non-Routine Fracturing		
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off		
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection		

RCVD APR 1 '09
OIL CONS. DIV.
DIST. 3

13. Describe Proposed or Completed Operations

3/23/09 MIRU Key 31
3/24/09 NDWH, NUBOP & test. POOH w/ 1 1/4" tbg & Packer
3/25/09 POOH w/ 2 3/8" tbg Tagged fill @ 5957' CO to 5972' PBTD
3/26/09 RIH w/ 188 jnts of 2 3/8", 4.7#, J-55 tbg & set @ 5900' (new tbg & setting depth) PT tbg to 1000#/ok. NDBOP, NUWH, RDRR 3/26/09

This well is now a commingle PC/MV per DHC-1602

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

Signed [Signature] Kelly Jeffery Title Regulatory Technician Date 3/27/09

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

ACCEPTED FOR RECORD

MAR 30 2009

FARMINGTON FIELD OFFICE
TV _____

NMOCD

[Signature]