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

FORM APPROVED

Budget Bureau No. 1004-0135UG 3 1 2009

Expires: March 31, 1993

Bureau of Land Management Farmington Field Office

| 1. Type of Well: Gas | | 5. Lease Number: SF-078740 | | | | | |
|---|---|---|--|--|-------|-----------------|----------------|
| | | Sr-0/8/40 | | | | | |
| Name of Operator: ConocoPhillips | | 6. If Indian, allottee or Tribe Name: | | | | | |
| 3. Address and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499 (505) 326-9700 | | 7. Unit Agreement Name:8. Well Name and Number:SAN JUAN 30-5 UNIT 89N | | | | | |
| | | | | 4. Location of Well, Footage, Sec. T, F | R, U: | 9. API Well No. | 50 0 0 MT 00.1 |
| | | | | FOOTAGE: 1024' FSL & 1662' FEL S: 18 T: 030N R: 005W U: O | | 3003930697 | |
| 10. Field and Pool: | | | | | | | |
| | | DK - BASIN::DAI | KOTA | | | | |
| • | | MV - BLANCO::N | | | | | |
| | | 11. County and State | | | | | |
| | | RIO ARRIBA, NM | | | | | |
| | | | | | | | |
| 12. CHECK APPROPRIATE BOX TO IN | | EPORT, 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-First Delivery | Conversion | on to Injection | | | | |
| 13. Describe Proposed or Completed | Operations | | | | | | |
| This well was first delivered on 8/1 | 8/2009 and produced natural gas a | and entrained hydrocarbons. | | | | | |
| | IVERED THROUGH THE GAS RE OWING TOGETHER ON 08/24/09 | | | | | | |
| TP: C | P: Initial MCF: | 18070 | RCVD SEP 17'09 | | | | |
| Meter No.: 83248 | | | OIL CONS. DIV. | | | | |
| Gas Co.: WFS | | | Dist. 3 | | | | |
| | OVERY COMPLETION | | 26 T T T T T T T T T T T T T T T T T T T | | | | |
| | | | | | | | |
| 14. I Hereby certify that the foregoing | is true and correct. | | | | | | |
| Signed /am Sessi | Title: Staff F | Regulatory Tech. Date: | 8/31/2009 | | | | |
| Tamra Sessions | | | ACCEPTED FOR RECOR | | | | |
| This Space for Federal or State Office Use) | ······································ | | SEP 0 1 2009 | | | | |
| APPROVED BY: | Title: | Date: | FARMINGTON FIELD OFFICE | | | | |
| | | | BY | | | | |
| CONDITION OF APPROVAL, if any: | NIAOCI | | | | | | |