UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

APR 3 0 2010

			And in ministration of the property of the pro
	Sundry Notices and Reports on Wells		King Jankania
***************************************		5.	Lease Number
			SF - 078972
۱.	Type of Well	6.	If Indian, All. or
	GAS		Tribe Name
		7.	Unit Agreement Name
2.	Name of Operator		San Juan 28-7 Unit
	CONOCOPHILLIPS COMPANY		
		- 8.	Well Name & Number
3.	Address & Phone No. of Operator		San Juan 28-7 Unit 196
	PO Box 4289, Farmington, NM 87499 (505) 326-9700	9.	API Well No.
4	Leading of Well Eastern See T. D. M.		30-039-20870
4.	Location of Well, Footage, Sec., T, R, M	10.	Field and Pool
c	rf: Unit O.(SWSE), 860' FSL & 1840' FEL, Section 10, T27N, R7W, NMPM	10.	rieid and root
Su	11. Unit O (SWSE), 500 FSE & 1840 FEE, Section 10, 1271, K/W, NWITM		South Blanco PC
		11.	County and State
		11.	Rio Arriba Co., NM
			1110 11110 00., 1111
12.	CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, O	THER	DATA
	Type of Submission Type of Action		
	Notice of Intent Abandonment Change of Plans	_X_	Other – FAN
	Recompletion New Construction Subsequent Report Plugging Non-Routine Fracturing		
	Casing Repair Water Shut off		
	X Final Abandonment Altering Casing Conversion to Injection		
13.	Describe Proposed or Completed Operations		
Th	is well was P & A on 05/02/1996. Reclamation was done and is now ready for	or fina	l closure approval - Please
	nove this well from Burlington Resources Oil & Gas Company bond.	01 11110	RCVD MAY 17 '10
			OTL CONS. DIV.
1.4	Y have been sufficiently that the forestein min turns and sourcest		DIST. 3
14.	I hereby certify that the foregoing is true and correct.		
Sig	ned <u>Jamie Goodwin</u> Title <u>Regulator</u>	y Techr	nician Date <u>04/28/2010.</u>
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	nis space for Federal or State Office use) Branch Chief		
	PROVED BY THE Province of Base of the Province of Base of the Province of Base of the Province	ment of	Date 5 5 10
CO	NDITION OF APPROVAL, if any:	and Ke	eans. ,