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. 1004-0135   AUG 03 2010
Expires: March 31, 1993

Farmington Field Office
Bureau of Land Management

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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: 868' FNL & 1064' FEL

S: 06   **T:** 027N   **R:** 007W   **U:** A

5. Lease Number:

SF-078835-A

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 28-7 UNIT 236P

9. API Well No.

3003930849

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

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-First Delivery	Conversion to Injection

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13. Describe Proposed or Completed Operations

This well was first delivered on 7/17/2010 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 07/17/10, MV & DK FLOWING TOGETHER ON 07/22/10. FINISHED THE GAS RECOVERY COMPLETION 07/26/10.

TP: **CP:**   **Initial MCF:** 9772

Meter No.: 88862

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

RCVD AUG 12 '10
OIL CONS. DIV.

DIST. 3

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

Signed _Marie E. Jaramillo_   **Title:** Regulatory Tech.   **Date:** 8/3/2010

ACCEPTED FOR RECORD

AUG 09 2010

FARMINGTON FIELD OFFICE

(This Space for Federal or State Office Use)

APPROVED BY: **Title:**   **Date:**

CONDITION OF APPROVAL, if any: NMOCD