

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

NOV 09 2010

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: 975' FSL & 1695' FEL

S: 18 T: 030N R: 005W U: O

5. Lease Number:

SF- 78994

Farmington Field Office
Bureau of Land Management

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

DK - NM NM 78 419 B

MV - NM NM 78 419 A

8. Well Name and Number:

SAN JUAN 30-5 UNIT 38P

9. API Well No.

3003930892

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

11. County and State:

RIO ARRIBA, NM

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

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Non-Routine Fracturing
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Water Shut Off
	<input checked="" type="checkbox"/> Other-First Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was first delivered on 11/3/2010 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 11/03/10, MV & DK FLOWING TOGETHER ON 11/04/10. FINISHED THE GAS RECOVERY COMPLETION 11/07/10

TP: CP: Initial MCF: 9594

Meter No.: 82733

Gas Co.: WFC

Proj Type.: GAS RECOVERY COMPLETION

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

Signed

Tamra Sessions

Title: Staff Regulatory Tech.

Date: 11/9/2010



(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

NOV 10 2010
FARMINGTON FIELD OFFICE
BY

CONDITION OF APPROVAL, if any:

NMOCU