

submitted in lieu of Form 3160-5
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

DEC 21 2010

Sundry Notices and Reports on Wells

Farmington Field Office
Bureau of Land Management

1. Type of Well
GAS

5. Lease Number
SF-078641A
6. If Indian, All. or
Tribe Name

2. Name of Operator
CONOCOPHILLIPS COMPANY

7. Unit Agreement Name

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

8. Well Name & Number
Delhi Taylor D #1E

4. Location of Well, Footage, Sec., T, R, M
Unit D, (NWNW), 900' FNL & 900' FWL, Sec. 3, T26N, R11W

9. API Well No.
30-045-23796

10. Field and Pool
Basin DK / Basin FC

11. County and State
San Juan, NM

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

Type of Submission	Type of Action			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	<input checked="" type="checkbox"/> Other -	<input type="checkbox"/> Change of Operator
<input 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		

13. Describe Proposed or Completed Operations

RCVD DEC 29 '10
OIL CONS. DIV.
DIST. 3

Effective 12/16/10 Thompson Engineering and Production will be the Operator of the subject well. Please see the attached submitted copy of the NMOCD Form C145 and corresponding affective well list showing this well as the only well affected by the Change of Operator.

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

Signed Patsy Clugston Patsy Clugston

C145 Approved 1-3-11
Title Sr. Regulatory Specialist Date 12/16/10

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

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

DEC 27 2010

NMOCD

FARMINGTON FIELD OFFICE
BY CAM