

District I - (505) 393-6161
1625 N. French Dr
Hobbs, NM 88240
District II - (505) 748-1283
811 S. First
Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Road
Aztec, NM 87410
District IV - (505) 827-7131
2040 S. Pacheco
Santa Fe, NM 87505

New Mexico
Energy Minerals and Natural Resources Department
Oil Conservation Division
2040 South Pacheco Street
Santa Fe, New Mexico 87505
(505) 827-7131

Form C-140
Revised 06/99

SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE

APPLICATION FOR
WELL WORKOVER PROJECT

7115069

187E FRR

1160520

I. Operator and Well

Operator name & address Conoco Inc. P.O. Box 1267 Ponca City, OK 74604-1267							OGRID Number 005073	
Contact Party Marti Johnson							Phone (580) 767-2451	
Property Name San Juan 28-7							Well Number 187E	
API Number 3003923747								
UL P	Section 24	Township 28N	Range 7W	Feet From The 1180	North/South Line SL	Feet From The 1160	East/West Line EL	County Rio Arriba

II. Workover

Date Workover Commenced: 11/3/99	Previous Producing Pool(s) (Prior to Workover):
Date Workover Completed: 11/8/99	

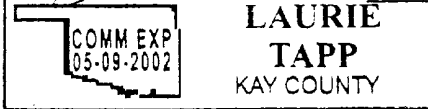
- III. Attach a description of the Workover Procedures performed to increase production.
IV. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.
V. AFFIDAVIT:

State of Oklahoma)
) ss.
County of Kay)

Marti Johnson, being first duly sworn, upon oath states:

- I am the Operator, or authorized representative of the Operator, of the above-referenced Well.
- I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
- To the best of my knowledge, this application and the data used to prepare the production curve and/or table for this Well are complete and accurate.

Signature Marti Johnson Title Coordinator, A & I M Date 6/12/00
SUBSCRIBED AND SWORN TO before me this 12th day of June, 2000



Laurie Tapp
Notary Public

My Commission expires _____

FOR OIL CONSERVATION DIVISION USE ONLY:

VI. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on 11/8/99.

Signature District Supervisor <u>SSS</u>	OCD District <u>3</u>	Date <u>7/14/00</u>
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VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: _____

blinda
orm 3160-5
une 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

COPY

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. LEASE DESIGNATION AND SERIAL NO SF 079290A	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. IF UNIT OR CA, AGREEMENT DESIGNATION San Juan 28-7 Unit	
8. WELL NAME AND NO. San Juan 28-7 Unit #187E	
9. API WELL NO. 30-039-23747	
10. FIELD AND POOL, OR EXPLORATORY AREA Basin Dakota	
11. COUNTY OR PARISH, STATE Rio Arriba County, NM	

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.

SUBMIT IN TRIPLICATE 070 FARMINGTON, NM

TYPE OF WELL
OIL WELL ☐ GAS WELL ☒ OTHER ☐

NAME OF OPERATOR
CONOCO INC.

ADDRESS AND TELEPHONE NO.
P.O. Box 2197, DU 3066, Houston, TX 77252-2197 (281) 293-1613

LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description)
1180' FSL & 1160' FEL, UNIT LETTER "P" Sec. 24, T28N-R7W

2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<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
	<input checked="" type="checkbox"/> Other: <u>Change Tubing</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

3. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

11/3/99 Road rig to location. Spot all equipment. Bleed well down. NDWH & NUBOP. Pick up 2 jts to tag for fill. POOH with all 1 1/2" tubing. Laying down 1 1/2" tubing on trailer.

11/4/99 Continue to lay down 1 1/2" tubing on trailer. Total 1 1/2" tubing 229 jts @ 7385'. Tagged fill @ 7448'. PBTD @ 7498'. Bottom perf @ 7402'. Will not clean fill. Change over to 2 3/8" tools. RIH with Mule Shoe Collar, SN and 2 3/8" tubing. Land 2 3/8" tubing @ 7293' with KB added in. Total 2 3/8" Tubing 231 jts. NDBOP & NUWH.

11/5/99 Rig up to swab. Csg - 280 psi. Tbg - 125 psi. Blow tbg down. RIH with swab. Initial FL @ 6700'. Swab down to SN @ 7293'.

11/8/99 Check well pressures. Rig down and move off location. FINAL REPORT

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

SIGNED

Verla Johnson

TITLE VERLA JOHNSON, As Agent for Conoco Inc.

DATE 11-9-99

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any.

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

* See Instruction on Reverse Side

OPERATOR

IRMINATION FIELD OFFICE

NOV 22 1999

New Mexico Well Workover Application - MCF History

Well Workover Date = 11/3/99

NM Tax Well Workover Gas Alloc Vols.rep

Lease Name, Producing	**Curr LWP Code	API Number	Pool Name	Tax ID Code	Tax Suffix	County Name	Sect.	TWN	Range
SAN JUAN 28-7	7115069187EFRR	3003923747	BASIN DAKOTA (GAS)	1160520	F3910	RIO ARRIBA	24	28N	7W

**Curr LWP Code	**Production Date (CCYYMM)	Gas - Prod MCF Monthly (GA)
7115069187EFRR	199811	1,702
	199812	1,033
	199901	1,487
	199902	2,157
	199903	2,663
	199904	1,996
	199905	1,804
	199906	1,086
	199907	1,577
	199908	941
	199909	1,323
	199910	2,612
	199911	1,937
	199912	3,227
	200001	2,537
	200002	2,407
7115069187EFRR		