UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.

SF 078500

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well

☐ Oil Well   ☒ Gas Well   ☐ Other

8. Well Name and No.
SAN JUAN 28-7
WELL # 94A

2. Name of Operator

CONOCO INC.

9. API Well No.

30-039-22348

3. Address and Telephone No.

10 DESTA DR. STE 100W, MIDLAND, TX. 79705   (915) 686-5400

10. Field and Pool, or Exploratory Area

BLANCO MESAVERDE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SURFAC   1520' FNL & 820' FWL, SEC. 3015, T 28N, R 7W, UNIT LTR 'E', LOT 2
TD:
$\xi - 30 - 28 N - 7 \omega$

11. County or Parish, State

RIO ARRIBA, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
	☐ Recompletion	☐ New Construction
☒ Subsequent Report	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other CLEAN PARAFFIN	☐ Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

3-28-96 MIRU. HOT OIL (MV) TBG W/ 15 bbls TO ELIMINATE PARAFFIN.
RU 'BLUE JET' PERF TBG W/ 1 SPF FROM 4980' - 4988', TOTAL OF 8 SHOTS.
RDMO. RETURN MV FORMATION TO PRODUCTION

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

Signed _____   Bill R. Keathly
Title   SR. REGULATORY SPECILIST

Date   4-26-96

(This space for Federal or State office use)

Approved by _____   Title _____
Conditions of approval, if any:

ACCEPTED FOR RECORD

MAY 01 1996

*See Instruction on Reverse Side

NMOCD

DIST: BLM(6), BRK, CT, FILE ROOM, FARMINGTON

FARMINGTON DISTRICT OFFICE
BY _____