

**RECEIVED**  
**OCT 17 2013**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

5. Lease Serial No. **SF-079353**

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2.**

1. Type of Well  
 Oil Well  Gas Well  Other

7. If Unit of CA/Agreement, Name and/or No.  
San Juan 32-8 Unit

8. Well Name and No.  
**San Juan 32-8 Unit 4**

2. Name of Operator  
**ConocoPhillips Company**

9. API Well No.  
**30-045-11414**

3a. Address  
**PO Box 4289, Farmington, NM 87499**

3b. Phone No. (include area code)  
**(505) 326-9700**

10. Field and Pool or Exploratory Area  
**Albino PC**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**Surface Unit K (NESW), 1500' FSL & 1650' FWL, Sec. 15, T32N, R8W**

11. Country or Parish, State  
**San Juan, New Mexico**

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input checked="" type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once Testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

**The subject well was P&A'd on 11/12/12 and ConocoPhillips completed the reclamation on 7/2/13. Seeding was completed on 7/7/13 with Nelson Reveg.**

**RCVD JAN 17 '14  
OIL CONS. DIV.  
DIST. 3**

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

**Kenny Davis**

Title **Staff Regulatory Technician**

Signature

Date

**10/14/2013**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

*Mark Kelly*

Title **Branch Chief**

Date **JAN 15 2014**

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office **Environmental Protection and Reclamation**

**WOOD** *ca*

*dlb*



PEA  
2012

Reclamation Form:

Date: 10/2/13

Well Name: SJ 32-B # 4

Footages: 1500 FSL 1650 FWL Unit Letter: \_\_\_\_\_

Section: 15, T-32-N, R-B-W, County: SJ State: NM

Reclamation Contractor: Aztec

Reclamation Start Date: 6/28/13

Reclamation Complete Date: 7/2/13

Road Completion Date: 7/2/13

Seeding Date: 7/7/13

\*\*PIT MARKER STATUS (When Required): Picture of Marker set needed

MARKER PLACED : \_\_\_\_\_ (DATE)

LATITUDE: \_\_\_\_\_

LONGITUDE: \_\_\_\_\_

Pit Manifold removed \_\_\_\_\_ (DATE)

Construction Inspector: S. McGlasson Date: 10/2/12

Inspector Signature: [Signature] 60

Office Use Only: Subtask \_\_\_\_\_ DSM \_\_\_\_\_ Folder \_\_\_\_\_ Pictures \_\_\_\_\_