			с. с				
Form 3160-5 $\sim -$ / - $\sim$ UNITED STATES					FORM APPROVED		
Form 3160=5 UNITED STATES					OMB No. 1004-0137		
BUREAU OF LAND MANAGEMENT					Expires: July 31, 2010		
DED 00 2013					5. Lease Serial No.		
SUNDRY NOTICES AND REPORTS ON WELLS					6. If Indian, Allottee or Tribe	SF-078460	
Do not us	se this form for pro	oposals to (	drill or to re-enter	an	o. If mutan, Anonee of The	Ivanic	
				ai3	7. If Unit of CA/Agreement, 1	Name and/or No	
SUBMIT IN TRIPLICATE - Other instructions on page 2.     SUBMIT IN TRIPLICATE - Other instructions on page 2.					San Juan 32-7 Unit		
2. Name of Operator ConocoPhillips Company					8. Well Name and No.		
					San Juan 32-7 Unit 41A		
					9. API Well No. <b>30-045-25080</b>		
3a. Address     3b. Pho       PO Box 4289, Farmington, NM 87499     3b. Pho			Phone No. (include area o				
			(505) 326-970				
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) Surface Unit N (SESW), 1085' FSL & 1820' FWL, S				11. Country or Parish, State			
Surface Unit N (	SESW), 1085' FSL	& 1820' FW	/L, Sec. 7, T32N, R	7 VV	San Juan	, New Mexico	
12. CHECK	THE APPROPRIATE	BOX(ES) TO	DINDICATE NATURE	OF NO	TICE, REPORT OR OTH	IER DATA	
TYPE OF SUBMISSION TYPE OF AC					TION		
Notice of Intent	Acidize		Deepen		roduction (Start/Resume)	Water Shut-Off	
	Alter Casing		Fracture Treat		Reclamation	Well Integrity	
Subsequent Report	Casing Repair		New Construction		Recomplete	X Other FAN (T)	WIN)
	Change Plans		Plug and Abandon		emporarily Abandon		
<b>X</b> Final Abandonment Notice	Convert to Injecti	ion	Plug Back		Vater Disposal	• <u></u> .	
Testing has been completed. Findetermined that the site is ready for the subject well was 32-7 Unit 247 (API #3) twinned well is rectain Please remove the subject the subject well be subject.	or final inspection.) P&A'd on 5/31/11. 004532832) which imed.	. Reclamat is a produc	ion cannot be com cing well. Reclama	pleted ation of	as this well is twinne f this location will be	ed with the San Jua completed when th RCVD DEC 19 '13	
						OIL CONS. DIV. DIST. 3	
14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Dollie L. Busse Title					Staff Regulatory Technician		
Signature	Lie J. E	Usse	- Date 15	2/2	. /1.3		
	THIS SI	PACE FOR	FEDERAL OR STA				
Approved by	Mark Ka	elly		Litle	Bizer als Class	Date DEC 17	2013
Conditions of approval, if any, are atta that the applicant holds legal or equita entitle the applicant to conduct operati	ble title to those rights in th			Enviro Office	nmental Protectic		
Title 18 U.S.C. Section 1001 and Title false, fictitious or fraudulent statement				d willfully	to make to any department or a	agency of the United States an	1y
(Instruction on page 2)			NMOCDA				