submitted in lieu of Form 3160-5

UNITED STATES	
DEPARTMENT OF THE INTERIOR	
BUREAU OF LAND MANAGEMENT	

Sundry Notices and Reports on Wells RECEIVED Lease Number NMSF-079351 I. Type of Well GAS C. Name of Operator CONOCOPHILLIPS RECEIVED RECEIVED RECEIVED ARMIS-15-16 To Lease Number NMSF-079351 If Indian, All. or Tribe Name 7. Unit Agreement Name San Juan 32-8 Unit				2008 JUL 6	60	9 34
1. Type of Well GAS Name of Operator CONOCOPHILLIPS 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec., T, R, M 10. Field and Pool Unit O (SWSE), 795' FSL & 1475' FEL, Sec. 24, T31N, R8W, NMFM 11. County and State San Juan Co., NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action Address & Proposed or Completed Operations Solvential Plagging Type of Submission Type of S	Su	adry Notices and Reports on Wells		P.C.	T 11777	0 01
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