

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

RECEIVED**APR 23 2008**Bureau of Land Management
Farmington Field Office

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator ConocoPhillips</p> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M Sec., T--N, R--W, NMPM Unit K (NWSW) 1340' FSL & 665' FWL, Sec. 18, T31N, R7W NMPM</p>	<p>5. Lease Number SF 078998</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number San Juan 32-7 Unit San Juan 32-7 Unit 20</p> <p>9. API Well No. 30-045-33698</p> <p>10. Field and Pool Basin DK/Blanco MV</p> <p>11. County and State San Juan Co., NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA**Type of Submission**☒ Notice of Intent☐ Subsequent Report☐ Final Abandonment**Type of Action**☐ Abandonment☐ Recompletion☐ Plugging☐ Casing Repair☐ Altering Casing☐ Change of Plans☐ New Construction☐ Non-Routine Fracturing☐ Water Shut off☐ Conversion to Injection☒ Other Name Change**13. Describe Proposed or Completed Operations**

ConocoPhillips is requesting to change the name on subject well.

The wells drillblock is actually partially inside the unit boundary and partially outside the unit boundary, therefore, we are requesting to add COM to the name. Name change would be:

San Juan 32-7 Unit COM 20 *property code 31337*

See attached plat

*change well sign accordingly*RCVD MAY 16 '08
OIL CONS. DIV.

DIST. 3

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

Signed

*Tracey N. Monroe*Tracey N. Monroe Title Regulatory Technician Date 4/23/08

(This space for Federal or State Office use)

APPROVED BY *Cynthia Marquez* Title *LSE*Date *05/13/08*

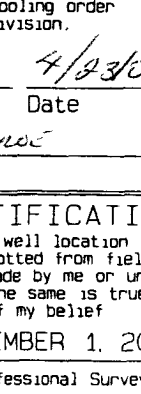
CONDITION OF APPROVAL, if any:

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

NMOCD

☐ AMENDED REPORT

17 OPERATOR CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom-hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.	
<i>Tracey N Monroe</i>	<i>4/23/08</i>
Signature	Date
<i>TRACEY N MONROE</i>	
Printed Name	

18 SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief
Survey Date: SEPTEMBER 1, 2005
Signature and Seal of Professional Surveyor

<i>JASON C. EDWARDS</i>
Certificate Number 15269