Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District 1	Energy, Minerals and Natural Resources		June 16, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OU CONCERNATIO	N. DIE HOLONI	3003930560
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III 1000 Río Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Saina PC, MW	37303	6. State Oil & Gas Lease No. FEE
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			SAN JUAN 29-5 UNIT
1. Type of Well: Oil Well Gas Well Other			8. Well Number 6N
2. Name of Operator	ANTE		9. OGRID Number 217817
CONOCOPHILLIPS COMPANY 3. Address of Operator			10. Pool name or Wildcat
P.O. BOX 4289, FARMINGT	ON NM 87499		BASIN DAKOTA / BLANCO MESAVERDE
4. Well Location			
Unit Letter <u>C</u> : <u>225</u> feet from the <u>FNL</u> line and <u>1660</u> feet from the <u>FWL</u> line			
Section 27		Range 005W	NMPM RIO ARRIBA County NM
Alberta de la Companya de la Company	11. Elevation (Show whether D	R, RKB, RT, GR, etc. 2' GR	
12. Check A	Appropriate Box to Indicate	Nature of Notice,	Report or Other Data
NOTICE OF IN		SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			
TEMPORARILY ABANDON			
PULL OR ALTER CASING []	MULTIPLE COMPL []	CASING/CEMEN	LIOR []
OTHER:		OTHER:	FIRST-DELIVERY 03/05/09 ⊠
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date			
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
or recompletion.			
This well was first-delivered on <u>03/05/09</u> and produced natural gas and entrained hydrocarbons of <u>816</u> MCF.			
TP: 583 CP: 726	nitial MCF: 816	,	RCVD MAR 10'09
Meter No.: 82355			OIL CONS. DIV.
Gas Co.: WFS			regret on
Gas Co Wrs			DIST. 3
	1		
I hereby certify that the information	bove is true and complete to the	est of my knowledge	e and helief
h / more than the manner post to the day of the day of the manner post to the day of the			
SIGNATURE MASS	MMMX/ TI	TLE Regulatory	Technician DATE 03/06/09
SIGNATURE WAY	11	LL <u>Regulatory</u>	Technician DATE 03/00/09
Type or print name Marie E. Jan	emillo E-mail address:	marie,e,jaramillo@(ConocoPhillips.com PHONE: 505-326-9834
For State Use Only		•	
APPROVED BY: accepted for	record TITLE		DATE
Conditions of Approval (if any):	 		
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