Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		Jun 19, 2008
1625 N French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-039-30497
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	А		
	Amended		
SUNDRY NOTICES AND REPORTS ON WELLS (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.)			7. Lease Name or Unit Agreement Name San Juan 29-6 Unit
1. Type of Well: Oil Well Gas Well Other		8. Well Number <b>60M</b>	
2. Name of Operator		9. OGRID Number	
ConocoPhillips Company			217817
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289		10. Pool name or Wildcat  Blanco MV/Basin DK	
			Dianco W V/Dasin DK
4. Well Location		1: 1 100	
Unit Letter F : 2170			
Section 18		Range 6W	NMPM Rio ArribaCounty
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6316' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			<del>-</del>
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS   MULTIPLE COMPL	COMMENCE DRI	<del>_</del>
TOLE ON ALTEN GAGING	MOETH LE GOME	OASING/CEMEN	1 308
OTHER: Casing Recovery OTHER:			
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.			
Call placed to Kelly Roberts (OCD) to inform that the production casing will be removed on this well for reuse on another well. The			
intermediate setting depth is 4814' and the TOC was found to be @ 3600'. A free point will be used to determine where the free pipe started and approximately 3600' of casing will be recovered. Verbal approval received from Kelly Roberts (OCD) on 3/26/09			
started and approximately 3600 of c	asing will be recovered. Verbai ap	provai received fron	n Kelly Roberts (OCD) on 3/26/09
			RCVD WAR 27'09
Spud Date:	Rig Re	leased Date:	
			e and belief. I further certify that any pit or below or an (attached) alternative OCD-approved plan
SIGNATURE Macey W N	leuweTITLE_	Staff Regula	tory Technician DATE 3/26/09
Type or print name Tracey N. Monro	e E-mail address: monrotn@cor	oconhillins com	PHONE: 505-326-9752
Type or print name Tracey N. Monroe E-mail address: monrotn@conocophillips.com PHONE: 505-326-9752  For State Use Only Cit 8. Gas Inspector,			
APPROVED BY: Tely G Conditions of Approval (if any):	TITLE_	Distric	DATE DATE DATE