Form 3160-5 (June 1990)

UNITED STATES

FORM APPROVED Budget Bureau No. 1004-0135

DEC 2 7 2000

FARMINGTON FLELD OFFICE

DEPARTMENT OF THE INTERIOR Expires: March 31, 1993 **BUREAU OF LAND MANAGEMENT** 5. LEASE DESIGNATION AND SERIAL NO. SF-079321-A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals 7. IF UNIT OR CA, AGREEMENT DESIGNATION SUBMIT IN TRIPLICATE SAN JUAN 28-7 UNIT TYPE OF WELL WELL NAME AND NO. OIL WELL GAS WELL X **SAN JUAN 28-7 UNIT #126M** OTHER NAME OF OPERATOR API WELL NO. DIST. 3 CONOCO INC. 30-039-26170 ADDRESS AND TELEPHONE NO. 10. FIELD AND POOL, OR EXPLORATORY AREA P.O. Box 2197, DU 3066, Houston, TX 77252-2197 Blanco MV / Basin DK LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description) 11. COUNTY OR PARISH, STATE 1730' FNL-2165' FWL, Unit Letter 'F', Sec. 1, T27N-R7W RIO ARRIBA COUNTY, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Change of Plans Recompletion **New Construction** Subsequent Report Plugging Back Non-Routine Fracturing Final Abandonment Notice Casing Repair Water Shut-Off Altering Casing Conversion to Injection Other: SPUD REPORT Dispose Water : Report results of multiple completion on Well Completion or impletion Report and Log Form.) 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) 10/27/00 WELL SPUDDED AT 1:00 AM. 14. I hereby certify that the foregoing is true and correct TITLE DEBRA SITTNER, As Agent for Conoco In ACCEPTED POR RECORD

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

TITLE

MM

See Instruction on Reverse Side

Conditions of approval, if any:

APPROVED BY

(This space for Federal or State office use)