UNITED STATES DEPARTMENT OF THE INTERIOR FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993



	BUREAU OF LAND MANAGEMENT		
			5. LEASE DÉSIGNATION AND SERIAL NO. SF 078496A
	SUNDRY NOTICES AND REI	PORTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Do not use this form for proposals to drill or to dee		
	Use "APPLICATION FOR PERMI		
			7. IF UNIT OR CA, AGREEMENT DESIGNATION
	SUBMIT IN TRIPL	ICATE	San Juan 28-7 Unit
1.	TYPE OF WELL		8. WELL NAME AND NO.
_	OIL WELL GAS WELL OTHER	: MAR 2000 ?	্ৰ San Juan 28-7 Unit #188
2.	NAME OF OPERATOR	no Reversed	9. API WELL NO.
3.	CONOCO INC. ADDRESS AND TELEPHONE NO.	CILCON DIV	30-039-20769
J.	P.O. Box 2197, DU 3066, Houston, TX 7725		10. FIELD AND POOL, OR EXPLORATORY AREA
4.	LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Desc		Basin Dakota / 21 /
	810' FSL - 1750' FWL, SEC. 26, T28	1 BIC DU TON	Rio Arriba County, NM
12.		O INDICATE NATURE OF NOTICE,	
TYPE OF SUBMISSION TYPE OF ACTION			
	THE OF SUBMISSION	TIPE OF ACTION	
	Notice of Intent	Abandonment	Change of Plans
	Subsequent Report	Recompletion	New Construction
		Plugging Back	Non-Routine Fracturing
	Final Abandonment Notice	Casing Repair	Water Shut-Off
		Altering Casing	Conversion to Injection
		Other: Cleanout	Dispose Water
			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)			mated date of starting any proposed work. If well is
	directionally diffice, give constituted into the and the vertical deputs for all markers and zones pertinent to this work.)		
2/23/00 Road unit to location and park. Equip to be moved in in the morning.			
	2/24/00 Cost equipt and rights until Disadrucal dama. Kill the rul 40 bbls and assemble KOL DIA 6 to 0 0/08 th		40 bble I/OL DI
2/24/00 Spot equipt and rig up unit. Bleed well down. Kill tbg w/ 40 bbls and csg w/ 40 bbls KCL. PU 6 jts fill found. Lay down 6 jts and TOOH w/ 241jts 2 3/8" tbg (7602'). Secure well for the night. Replace		for the night. Replaced winch line on unit.	
	2/25/00 Bleed well down. Kill tbg. TIH w/ SN & 241 jts 2 3/8" tbg. Land tbg @ 7612' w/ KB. ND BOP, NU wellhead. If Fluid level @ 5600'. Swabbed down to 6700'. 210# on csg. Secure well for the night.		2' w/ KB. ND BOP, NU wellhead. RU swab. he night.
	0/00/00		
	2/28/00 Well not responding. Will have to ge	et swab unit possibly. RDMO.	
	2/28/00 Well not responding. Will have to ge	et swab unit possibly. RDMO.	
	2/28/00 Well not responding. Will have to ge	et swab unit possibly. RDMO.	
	-	et swab unit possibly. RDMO.	
14.	2/28/00 Well not responding. Will have to get the second s	et swab unit possibly. RDMO.	
14.	-	et swab unit possibly. RDMO.	
14.	-		ent for Conoco Inc. DATE 3-2-00
14.	I hereby certify that the foregoing is true and correct		ent for Conoco Inc. DATE 3-2-00
14.	I hereby certify that the foregoing is true and correct SIGNED Lime Attrice	TITLE DEBRA SITTNER, As Age	
14.	I hereby certify that the foregoing is true and correct SIGNED WWW Attrice (This space for Federal or State office use) APPROVED BY		
14.	I hereby certify that the foregoing is true and correct SIGNED	TITLE DEBRA SITTNER, As Age	
	I hereby certify that the foregoing is true and correct SIGNED APPROVED BY Conditions of approval, if any:	TITLE <u>DEBRA SITTNER, As Age</u>	DATE
Title	I hereby certify that the foregoing is true and correct SIGNED WWW Attrice (This space for Federal or State office use) APPROVED BY	TITLE DEBRA SITTNER, As Age TITLE the number of the state of the stat	DATE

MAR 1 / 2000

FAMILIA TONE