

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well ☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
CONOCO INC.

3a. Address P.O. BOX 2197 DU 3066
HOUSTON, TX 77252

3b. Phone No. (include area code)
970.385.9100 Ext 125

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2330FWL 125FSL

N-29-28-7

5. Lease Serial No.
SF-078497

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement Name and/or No.

8. Well Name and No.
SAN JUAN 28-7 UNIT 238F

9. API Well No.
3003926603

10. Field and Pool, or Exploratory Area
BLANCO MV / BASIN DK

11. County or Parish, and State
RIO ARRIBA NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

03-21-01 Spudded well. Ran 7 joints of 9-5/8" (36#, J-55) casing, set shoe at 318', hole size is 12-1/4". Cement with 210 sx Class H w. 2% CaCl₂ and 0.25 pps Flocele @ 16.5 ppg, 1.07 cuft/sx. Displaced with 23.5 bbls FW, returned 12.5 bbls to surface. Bumped plug at 2:45pm, did not run baffle plate or floats, shut well in with 150# psi after displacing to calculated 298'. 03-24-01 Ran 70 joints of 7" (20#, J-55) casing, set shoe at 2980', hole size is 8-3/4". Cement with lead of 235 sx Class H with 3% Econlite, 10pps blend Silicate and 1/2 pps Flocele. Tail cement of 100 sx Std Cement with 1% CaCl₂ and 1/2 pps Flocele. Displaced with 117 bbls FW, returned 14 bbls to surface. Bumped plug with 1500# psi at 8:10 pm, floats held. 03-28-01 Ran 165 joints of 4-1/2" (10.5#, J-55) casing, set shoe at 7002', hole size is 6-1/4". Cement with 430 sx 50/50 POZ H with 3% Gel, 0.4% Halad-344, 0.2% CFR-3, 0.1% HR-5, 20#/sx Silicate and 1/2 #/sk Flocele mixed @ 12.8 ppg and 1.7 cuft/sx. Displaced with 111 bbls FW, did not overdisplace to make plug bump. Final circ pressure was 1800# psi. TD is 7005'.

Electronic Submission #3449 verified by the BLM Well Information System for CONOCO INC. Sent to the Farmington Field Office
Committed to AFMSS for processing by Maurice Johnson on 04/10/2001

Name (Printed/Typed) DEBRA SITTNER	Title AUTHORIZED REPRESENTATIVE
Signature	Date 04/05/2001

ACCEPTED FOR REC

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office _____

APR 13 2001

FARMINGTON FIELD OFF