

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(If not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-01268 NM-012698	
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 300 W. Arrington, Suite 200, Farmington, NM 87401		7. UNIT AGREEMENT NAME San Juan 29-6 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit K, 1715' FSL & 1400' FWL		8. FARM OR LEASE NAME	
14. PERMIT NO. 30-039-24681		9. WELL NO. 223	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6553' GR		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T29N, R6W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Set 5-1/2" Csg. & Tbg.	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)\*

6-3-90

Set 6 jts 5-1/2", 23# Casing at 3450' & 5-1/2" x 7", 23# set @ 3184. Top of hanger @ 3180' w/83.5' overlap into 7" casing. RU Petro Wireline and run GR CCL TD to 3300'. Perf'd 4JSPF w/.75" diameter holes from 3290' - 3430'. Ran 2-7/8", 6.5#, J-55 tubing w/expendable check set @ 3433'. RU wellhead and pressure tested. Released Rig 12:00 PM.

RECEIVED

JUL 6 1990

OIL CON. DIV  
DIST.

18. I hereby certify that the foregoing is true and correct

SIGNED Gail Bearden for  
L.M. Sanders

TITLE Supv. Regulatory Affairs

DATE 6-22-90

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

JUL 05 1990

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA  
BY [Signature]