Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BURGALL OF LAND MANAGEMENT

FORM APPRO	VED
Budget Bureau No.	1004-0135
Expires: March 3	31. 1993

	Expires.	141	march.	21,	17	7.7	
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BUKEAU OF E	AND MANACEMENT	5. Lease Designation and Serial No.
SUNDRY NOTICES AN	SF-078426	
Do not use this form for proposals to drill	6. If Indian, Allottee or Tribe Name	
• •	PERMIT - " for such proposalis (2)	30
	IN TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well		San Juan 29-6 Unit
Oil X Gas Other		8. Well Name and No.
2. Name of Operator	OUL COM. DE	Wa 51 20 C Unit #041
Phillips Petroleum Company	DIST, A	9. API Well No.
3. Address and Telephone No.		30-039-24933
5525 Highway 64, NBU 3004, Farmingt		10. Field and Pool, or exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey De	scription)	
Unit A, 803' FNL & 1152' FEL		Basin Fruitland Coal
Secttion 19, T29N, R6W	11. County or Parish, State	
		Rio Arriba, NM
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACT	CION
	П	
Notice of Intent	Abandonment	Change of Plans
X Subsequent Report	Recompletion	New Construction
Suosequent Report	Plugging Back	Non-Routine Fracturing
Final Abandonment Notice	Casing Repair	Water Shut-Off
	Altering Casing	Conversion to Injection
	X Other Remove packer	Dispose Water (Note: Report results of multiple completion on Well
Worked packer loose and COOH w/pack	ne, set plug. COOH. Set BPV in donut. er. RIH w/2-7/8" tubing and cleaned ou . ND BOPs & NU WH. PT - OK. Pumped of r to production department.	t fill with air. Set tubing
		RECEIVED 99 HAY 17 PH 12: 32 070 FARMANGTON, NI
14 I hereby certify that the foregoing is true and correct		
14. I hereby coding that the foregoing is true and correct Signed	Title Regulatory Assistant	Date 5/13/99
HOIN (11.	Title Regulatory Assistant	
(This space for Federal or State office use) Approved by	Title Regulatory Assistant	Date 5/13/99
(This space for Federal or State office use)		ACCEPTE
(This space for Federal or State office use) Approved by		ACCEPTE

* See Instruction on Reverse Side