

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

5. Lease Designation and Serial No.
NM-011350-A

6. If Indian, Allottee or Tribe Name
MIA: 17

7. If Unit or CA, Agreement Designation
MEX100
San Juan 29-5 Unit

8. Well Name and No.
217

9. API Well No.
30-039-24977

10. Field and Pool, or Exploratory Area
Basin Fruitland Coal

11. County or Parish, State
Rio Arriba, NM

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Phillips Petroleum Company

3. Address and Telephone No.
300 W. Arrington, Suite 200, Farmington, NM 87401 (505) 599-3412

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit L, 1857' FSL & 1159' FWL
Sec. 34, T29 N, R 5 W

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Casing Change	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion as 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 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.)

The casing program for the above well is changed from setting 7" casing to the top of the coals to setting 5-1/2", 15.5# casing to the base of the coal and cementing to surface.

RECEIVED
JANI 8 1991
OIL CON. DIV
DIST. 3

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

Signed R. A. Allred Title Drilling Supervisor Date 12-12-90

(This space for Federal or State office use)

Approved by _____ Title _____

Conditions of approval, if any: _____

APPROVED
JAN 11 1991

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 United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side

NMOCD