DISTRICT I P.O. Box 1980, Hobbs, NM 88240

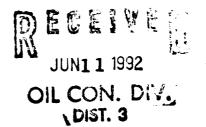
OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-039-25076	
5. Indicate Type of Lease STATE	FEE 🔯

Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Ariesia, NM \$8210  DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410  SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				1 30 037	43070									
				5. Indicate Type of Lease STATE FEE   6. State Oil & Gas Lease No.  7. Lease Name or Unit Agreement Name										
							I. Type of Well:	GAS WELL X	OTHER			San Juan	29-5 Unit	
							2. Name of Operator							
							PHILLIPS PETROLEUM COMPANY			8. Well No. 226.				
							3. Address of Operator			9. Pool name or Wildcat				
5525 HWY 64 NBU 3004, FARMINGTON, NM 87401			BASIN FRUITLAND COAL											
4. Well Location	<del></del>													
Unit Letter	N : 971	Feet From The	South	Line and13	62 Feet From	m The West	Line							
Section	7	Township 29N	R	ange 5W	<b>NMPM</b> R	lio Arriba	County							
		///X	_	DF, RKB, RT, GR, etc.)										
11.	Check Ap	propriate Box to Inc	dicate	Nature of Notice Re	enort or Othe									
				SEQUENT REPORT OF:										
PERFORM REMEDIAL	WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING								
EMPORARILY ABAND	ON 🗌	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	ONMENT [							
ULL OR ALTER CASIN	1G 🗌			CASING TEST AND CEMENT JOB										
OTHER: APD	Extension			OTHER:		· 	C							
12. Describe Proposed or work) SEE RULE 11		(Clearly state all pertinent	desails, as	nd give pertinent dates, includ	ling estimated date of	f starting any proposed	!							
BOTH OUR ROLE II														
REQUEST A SIX	MONTH EXTENS	STION FOR THE A	PD FO	R THE ABOVE NAMI	ED WELL DUE	TO THE FACT								
						+ *****								

THAT DRILLING OPERATIONS HAVE NOT BEGUN.

Extension Expires 12-12-93.



I hereby certify that the information above is true and complete to the best of my SIONATURE Based For	knowledge and belief	DATE 6-9-92	
TYPEOR PRINT NAME R. A. Allred		TELEPHONE NO.	
(This space for State Use)			
APTROVED BY Original Signed by FRANK T. CHAVEZ	SUPERVISOR DISTRICT # 3	DATE JUN 1 1 1992	

CONDITIONS OF APPROVAL, IF ANY: