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Telephone No.

DEPUTY OIL & GAS INSPECTOR, DIST. # NOV

505 - 599 - 3454

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Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Revised March 25, 1999 Energy, Minerals and Natural Resources Office District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 39-039-26301 OIL CONSERVATION DIVISION District II 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III FEE X STATE [ Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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. Type of Well: San Juan 29-5 Unit 009256 Gas Well X Oil Well 8. Well No. 2. Name of Operator SJ 29-5 Unit #66M 017654 Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator Blanco MV - 72319; Basin DK - 71599 5525 Highway 64, NBU 3004, Farmington, NM 87401 4. Well Location West line 925' feet from the North line and\_ 2110' feet from the\_ Unit Letter Rio Arriba County **NMPM** 5W **Township** Range 33 Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 6549 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON** CHANGE PLANS ABANDONMENT CASING TEST AND **MULTIPLE PULL OR ALTER CASING** CEMENT JOB COMPLETION OTHER: Commingling Date OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. On 11/15/00 the subject's production was commingled. Production will be reported using the subtraction method for 12 months (see sundry dated 11/6/00 detailing forecasts). I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Sr. Regulatory/Proration Clerk DATE 11/20/00 SIGNATURE.

TITLE

Patsy Clugston

(This space for State use) Signed by STEVEN N. HAYDEN

Type or print name

APPROVED BY\_

Conditions of approval, if any: