Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

_	FORM APPROVED						
	OMB NO.	1004	-01	35			
	nires: Nove	mhar	30	20			

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS.

SF-080146

abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on reverse side					6. If Indian, Allottee or Tribe Name		
					7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well				San Juan 29	-6 Unit		
Oil Well X Gas Well Other				8. Well Name an			
2. Name of Operator		R. Chron		SJ 29-6 Uni	t #99M		
Phillips Petroleum Company	No. of the second secon		9. API Well No.				
3a. Address 5525 Highway 64, NBU 3004, Farmingt	Phone No. (<i>include ar</i> 505 - 599 - 3454	rea code)	30-039-26430 10. Field and Pool, or Exploratory Area				
4. Location of Well (Footage, Sec., T., R., M., or Surve				Basin Dakot			
Unit F, 2290' FNL & 2438' FWL			Blanco Mesaverde				
Section 34, T29N, R6W			11. County of Pa				
AS OUTSIL APPROPRI	LATE DOV(EQ) TO INDIO	ATE MATURE OF NO	TIOC DEDOOT	Rio Arriba.			
12. CHECK APPROPRI	IATE BOX(ES) TO INDICA			OROTHERDAT	<u> </u>		
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent	Acidize [Deepen	Production	n (Start/Resume)	Water Shut-Off		
<u></u>	Alter Casing	Fracture Treat	Reclamati	on [Well Integrity		
X Subsequent Report	Casing Repair	New Construction	Recomple	te	Other 7" casing		
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporar	ily Abandon	report		
	Convert to Injection	Plug Back	Water Dis	posal			
hole. RIH w/7", 20#, J-55 casing clean ahead of lead cement - 465 Gilsonite, 1/4#/sx Cello-flake, (- pumped 50 sx (70 cf - 12.46 bb and displaced w/147 bbl FW. Plugslips and cut off casing.	sx (1057 cf - 188. 6% Bentonite, 10#/s 1 slurry) Type 3 ce	3 bbl slurry) T x CSE, 3% KCL, ment w/1/4#/sx	ype 3 cemer 0.4% FL-25, Cello-flake	nt 35:65 POZ 0.02#/sx St e, 1% CaCl2.	w/5#/sx atic free. Tail Dropped plug		
NU BOP & lines. PT casing, rams	and manifold to 20	0 # - 3 minutes	and 3000 #	10 minutes	Good test.		
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					<u> </u>		
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)	Patsy Clugston	Title Sr.	Regulatory	//Proration (: :1erk		
Tatsu lesson		Date 7/27	′ 00	ACCEPT	TD FOD DE00D		
THI	S SPACE FOR FEDERA	AL OR STATE OF	FICE USE	MGCI-₩1	=() =(== ==(), =		
Approved by	7	Title		N6	OV 0 1 2000		
Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title to	o those rights in the subject				GTON FIELD OFFICE		
which would entitle the applicant to conduct operations thereo		<u> </u>	and mille-15 4	BY BY			
Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Secti- States any false, fictitious or fraudulent statements or represen	on 1212, makes it a crime for ntations as to any matter within it	any person knowingly s jurisdiction.	and willfully to i	nake to any departe	rent or agency of the Uni		