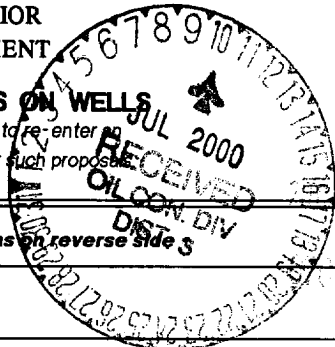


UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.



FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

5. Lease Serial No.
NM-03040A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
San Juan 29-6 Unit

8. Well Name and No.
SJ 29-6 Unit #86M

9. API Well No.
30-039-26443

10. Field and Pool, or Exploratory Area
Basin Dakota and Blanco Mesaverde

11. County or Parish, State
Rio Arriba, NM

SUBMIT IN TRIPLICATE - Other Instructions on reverse side

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Phillips Petroleum Company

3a. Address
5525 Highway 64, NBU 3004, Farmington, NM 87401

3b. Phone No. (include area code)
505-599-3454

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**Unit C, 1190' FNL & 1843' FWL
Section 27, T29N, R6W**

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

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal
			<input type="checkbox"/> Water Shut-Off
			<input type="checkbox"/> Well Integrity
			<input checked="" type="checkbox"/> Other 4-1/2" casing report

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

Continue in hole w/6-1/4" bit & drilled to 7738' TD. TD reached 6/12/00. COOH. RIH w/4-1/2" 11.6# L-80 casing and only able to set @ 6961' with ECP set @ 4229' & DV tool @ 4227'. RU to cement 1st stage. Pumped lead - 160 sx (336 cf - 59.83 bbl slurry) Class H 35/65 POZ, 6% Bentonite, 10#/sx CSE, 1/4#/sx Cello-flake, 5#/sx Gilsonite, 0.2% CD-32, 0.5% FL-52. Pumped tail - 50 sx (64 cf - 11.39 bbl slurry) Class H, 1/4#/sx Cello-flake, 5#/sx Gilsonite, 0.3% FL-25. Displaced w/107 bbls H2O. Plug down @ 11:30 hrs 6/16/00. No returns to surf. Pressured up & set packer. Dropped DV tool & opened w/800 psi.

Pumped 2nd stage - lead - 300 sx (580 cf - 103.29 bbl slurry) Type 3 35/65 POZ, 6% Bentonite, 3% KCL, 0.4% FL-25, 5#/sx Gilsonite, 1/4#/sx Cello-flake, 10#/sx CSE, 0.02#/sx Static free. Tail - 50 sx (70 cf - 12.46 bbl slurry) Type 3, 1% CaCl2, 1/4#/sx Cello-flake, displaced w/65.5 bbls H2O. Plug down @ 1300 hrs 6/16. Circ. 8 bbls (40 cf - 7.12 bbls slurry) good cement to surface.

ND BOP. Set slips & cut off 4-1/2" casing. RD & released rig 1900 hrs 6/16/00. Will have to run a 3-1/2" liner to TD. Will show TOC and casing PT on next report.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed) **Patsy Clugston** Title **Sr. Regulatory/Proration Clerk**

Patsy Clugston Date **6/21/00**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE **ACCEPTED FOR RECORD**

Approved by _____ Title _____ Date **JUL 07 2000**

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Office _____

FARMINGTON FIELD OFFICE