Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| FORM APPROVED |
|---------------------------|
| OMB NO. 1004-0135 |
| Expires: November 30, 200 |

| 5 | Lease | Serial | No |
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| ℐ. | Luasu | 301141 | 110. |

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| Do not use this form for proposals to drill or to | ON WELLS | NM-03040-A |
|--|--|---|
| abandoned well. Use Form 3160-3 (APD) for su | | 6. If Indian, Allottee or Tribe Name |
| | A S | |
| SUBMIT IN TRIPLICATE - Other instructions | on reverse side MAY 2001 | 7. If Unit or CA/Agreement, Name and/or No |
| Type of Well | | * 1 7d0 .00d0 / 7 -0 .0011 |
| Oil Well X Gas Well Other | A CONTROL | 8. Well Name and No. |
| Name of Operator | | SJ 29-6 Unit #70C |
| Phillips Petroleum Company | 21. Discoving Granded area wide | 9. API Well No. |
| Address 5525 Highway 64, NBU 3004, Farmington, NM 87401 | 3b. Phone No. (include area code) 505-599-3454 | 30 - 039 - 26717 10. Field and Pool, or Exploratory Area |
| Location of Well (Footage, Sec., T., R., M., or Survey Description) | - | 67 |
| Unit F, 2346' FNL & 2494' FWL | Blanco Mesaverde 11. County or Parish, State | |
| Section 29, T29N, R6W | | Rio Arriba, NM |
| 12. CHECK APPROPRIATE BOX(ES) TO | NDICATE NATURE OF NOTICE, REPO | |
| TYPE OF SUBMISSION | TYPE OF ACTIO | |
| | Dance Produc | tion (Start/Resume) Water Shut-Off |
| Notice of Intent Acidize | | |
| X Subsequent Report | Fracture Treat Reclan | |
| Casing Repair | New Construction Recon | · — ——— |
| Final Abandonment Notice Change Plans | | Spaa Report |
| Convert to Injec | tion Plug Back Water | Disposal |
| MIRU Key Energy #47. Spud 12-1/4" hole @ 1900 w/9-5/8", 32.3# H-40 casing and set @ 347'. RU 10 bbls dye water ahead of 220 sx (310 cf - 55. Displaced w/25 bbls H20. Plug down @ 0323 hrs | I to cement. Pumped a preflu 20 bbl slurry) Type 3, 2% Ca | ish of 10 bbls mud clean, and Cl2, 1/4#/sx Cello-flake. |
| · | | |
| NU WH & NU BOP & manifold. PT rams, manifold a | ind casing the 1500 psi - got | vd toct |
| | | od test. |
| | | od test. |
| | | od test. |
| | √ process | od test. |
| APD/ROV | | od test. |
| APD/ROW APD/ROW 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) | Title | |
| APD/ROW | on Sr. Regulator | y/Proration Clerk |
| APD/ROW 4. I hereby certify that the foregoing is true and correct Name (Printed Typed) Patsy Clugst | on Sr. Regulator Date 5/18/01 | · · · · · · · · · · · · · · · · · · · |
| APD/ROW APD/ROW APD/ROW APD/ROW APD/ROW THIS SPACE FOR FE | on Sr. Regulator | |
| APD/ROV APD/ROV 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Patsy Clugst THIS SPACE FOR FE | on Sr. Regulator Date 5/18/01 EDERAL OR STATE OFFICE USE | y/Proration Clerk |
| APD/ROW APD/ROW APD/ROW APD/ROW APD/ROW THIS SPACE FOR FE | on Sr. Regulator, Date 5/18/01 EDERAL OR STATE OFFICE USE Title | y/Proration Clerk |