Submit 3 Copies To Appropriate District Office District 1625 N District 811 Soi District 1000 R District

OTHER: Extend Approved APD

Conditions of approval, if any:

State of New Mexico

Office	Energy, Minerals and Natural Resources	WELL API NO. 30-039-26798		
District I 1625 N. French Dr., Hobbs, NM 87240 District II	ON CONCERNATION DIVICION			
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE  FEE X		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	,	6. State Oil & Gas Lease No.		
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	7. Lease Name or Unit Agreement Name:			
1. Type of Well: Oil Well Gas Well X	San Juan 29-6 Unit 009257			
2. Name of Operator	8. Well No.			
Phillips Petroleum Company	San Juan 29-6 Unit #54B			
3. Address of Operator 5525 Highway 64, NBU 3004, F	9. Pool name or Wildcat Blanco Mesaverde 72319			
4. Well Location				
Unit LetterL:	1419' feet from the South line and	390' feet from the West line		
Section 4	Township 29N Range 6W	NMPM County Rio Arriba		
	10. Elevation (Show whether DR, RKB, RT, GR, e	tc.)		

6508' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND **CHANGE PLANS TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND **MULTIPLE PULL OR ALTER CASING CEMENT JOB** COMPLETION

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.

OTHER:

Phillips wishes to extend the approved APD for this well. Plans are to drill this well in the 1st Qtr of 2003.

Exp 8-21-03

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hereby certify that the int	ormanon ab	ove is true and complete to the	best of my knowledge and bel	ici.	
SIGNATURE #	Usu	(lugiton	TITLE Sr. Regulator	y/Proration Clerk DATE_	8/12/02
Type or print name	7	Patsy Clugston		Telephone No.	505-599-3454
(This space for State use)			THE WAS IMPOSTED BY ALLOW TO ALLOW THE SAME AND ALL		
ADDDOVED BY		Mr. by my	TITLE	DATE	<u> </u>