1 01M 5100 5	TED STATES NT OF THE INTERIOR	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
BUREAU OF	LAND MANAGEMENT	5. Lease Designation and Serial No. SF - 078994
Do not use this form for proposals to drill	ND REPORTS ON WELLS  or to deepen or reentry to a different reservoir.  PERMIT - " for such proposals.	6. If Indian, Allottee or Tribe Name
The state of the s	IN TRIPLICATE	7. If Unit or CA, Agreement Designation
I. Type of Well  Oil X Gas  Well Other	- 4 1099 EZ	San Juan 30-5 Unit  8. Well Name and No.
2. Name of Operator Phillips Petroleum Company	DIV.	SJ 30-5 Unit #10  9. API Well No.
<ol> <li>Address and Telephone No.</li> <li>5525 Highway 64, NBU 3004, Farming</li> </ol>	ton, NM 87401 505-599-3454	30-039-07838  10. Field and Pool, or exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey D Unit M., 960' FSL & 840' FWL Section 18, T30N, R5W	escription)	Blanco Mesaverde 11. County or Parish, State Rio Arriba, nm
12. CHECK APPROPRIATE BOX(	s) TO INDICATE NATURE OF NOTICE, REPORT	T, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	<u> </u>
X Notice of Intent	Abandonment	Change of Plans  New Construction
Subsequent Report	Recompletion Plugging Back	Non-Routine Fracturing
Final Abandonment Notice	Casing Repair	Water Shut-Off Conversion to Injection
	Altering Casing  Otheradd pay and stimulat	
give subsurface locations and measured and true ve	Il pertinent details, and give pertinent dates, including estimated date of startical depths for all markers and zones pertinent to this work.)*	
	oduction tubing. Isolate existing Mesaverdonisolate failure. Remediate with cement.	e perfs with bridge plug.
If well records indicate no cement bond log (CBL). Shoot squeeze hol the Lewis Shale.	across the Lewis Shale interval, it may be es in casing and pump sufficient volumes of	necessary to run a casing cement to cover and isolate
Perforate and stimulate the Lewis plug and run production tubing. F	Shale (perfs to be determined after logs are low test the Lewis Shale.	e run). Retrieve bridge
A workover pit may be required.		
14. I hereby certify that the foregoing is true and correct Signed	Regulatory Assistant	Date5/25/99
(This space for Federal or State office use)  Approved by/S/ Duane W_ Spencer_	Team Lead, Petroleum Management	
Conditions of approval, if any:		

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