Form 3160-5 (June 1990)

1. Type of Well

☐ Well

2. Name of Operator

3. Address and Telephone No.

Gas Well

Phillips Petroleum Company

Other

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

5525 Hwy 64 NBU 3004, Farmington, NM 87401

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

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

Expires: March 31, 1993

5. Lease Designation and Serial No.

SF-078994

6. If Indian, Allottee or Tribe Name

	SF-0
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SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

San Juan 30-5 Unit

239

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal

8. Well Name and No.

30-039-25165

9. API Well No.

Unit M, 926' FSL & 1171' FWL Section 15, T30N, R5W	·	11. County or Parish, State		
12. CHECK APPROPRIATE BOX(s) TO	INDICATE NATURE OF NOTIC	Rio Arriba, NM CE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION			
Notice of Intent  Subsequent Report  Final Abandonment Notice  13. Describe Proposed or Completed Operations (Clearly state all pertinent)	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log (orm.)		

(505) 599-3412

Phillips Petroleum Company requests an extension for the APD for the above named well due to the fact that drilling operations have not begun.

THE APPROVAL EXPENSES SEP 05 1993

or representations as to any matter within its jurisdiction.

FEBI 91993 OIL CONSTANT SO FEB -5 AHII: 32

			ully to make to any department or agency of the Unit	APPR	
Approved by Conditions of approval, if any:		Tide _		Dete	
(This space for Federal or State office use)		•			
Signod Keller		Title _	Drilling Supervisor	Date	2-4-93
14. I hereby ceptify that the foregoing is true and corre	$\rightarrow$				

\*See Instruction on Reverse Side

AREA MANAGER