

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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.

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 F, (SE/NW) 1803' FNL & 1368' FWL
Section 6, T30N, R5W

5. Lease Serial No.

NMSF080066

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

NMNM78419 B

8. Well Name and No.

SJ 30-5 Unit #80M

9. API Well No.

30-039-26561

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

Rio Arriba, NM

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 type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Dakota</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>completion details</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recomple 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 recomple 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.)

2/26/02 Ran GR/CCL/CBL/GSL. TOC - 2440'. 3/1/02 RU BJ and Blue Jet W/L. PT-OK. PT casing to 500 psi for 30 minutes and 5000# for 10 minutes - good test. Perforated Dakota interval @ 1 spf .34" holes - 7874', 7866', 7855', 7838', 7837', 7836', 7835', 7834', 7833', 7832', 7831', 7830', 7829', 7828', 7827', 7826', 7825', 7824', 7794', 7793', 7792', 7791', 7790', 7789', 7788', 7787', 7786', 7785', 7784', 7783', 7782', 7781', 7780', Total 33 holes. Acidized perfs w/1500 gal 7-1/2% HCL. RU to frac. Pumped 40,724 gal of 60 quality N2 foam consisting of 19,000 gal of 30# X-link gel & 693,700 scf N2. Pumped a 12,500 gal foam pad followed by 28,224 gal of foam containing 73,000# 20/40 TLC sand. Flushed w/2680 gal of foam. Flowed back on 1/4" and 1/2" chokes. RD flowback equipment. Turned well over to production department to test well flowing up the casing. Will return within 60 days and run the tubing and place back on line. First delivered 3/19/02.

This will be a MV/DK DHC well. Plans are to flow the DK until pressures stabilize and then return and add the MV interval. This well will eventually be commingled per DHC Order 11363 and an individual DHC application will be submitted and approved before actual commingling occurs.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Patsy Clugston

Title

Sr. Regulatory/Proration Clerk

Date

3/22/02

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

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

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

