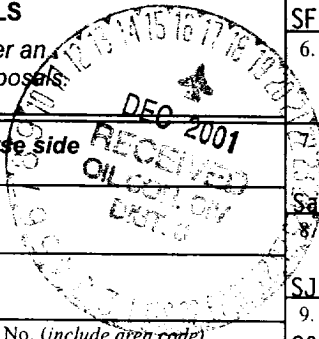


UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

## 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 J, 1950' FSL & 1745' FEL  
Section 29, T31N, R6W

## 5. Lease Serial No.

SF-078995

## 6. If Indian, Allottee or Tribe Name

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

San Juan 31-6 Unit

## 8. Well Name and No.

SJ 31-6 Unit #44E

## 9. API Well No.

30-039-26478

## 10. Field and Pool, or Exploratory Area

Blanco Mesaverde

## 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 checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other <u>Complete</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>2nd zone (MV) of</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>MV/DK well</u>

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 recompleate 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 day following completion of the involved operations. If the operation results in a multiple completion or recompleation 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.)

11/10/01 MIRU Key #18. Kill well w/2% KCl. ND WH & NU BOP. PT-OK. COOH w/tubing. RIH w/CIBP & set @ 6090'. PT plug, casing and rams to 500 psi for 30 minutes - OK. ND BOP, NU frac equipment. RD & released rig 11/12/01. 11/14 Blue Jet perf'd MV @ 1 spf .34" holes - 5888', 5866', 5847', 5819', 5807', 5802', 5793', 5787', 5780', 5778', 5706', 5699', 5683', 5662', 5632', 5572', 5560', 5550', 5532'. = 19 holes total.

Acidized perfs w/1500 gal 15% HCL. RU to frac. Pumped 75,810 gal foamed slickwater consisting of 36,000 gal slickwater & 1,890,000 scf N2. Pumped a 16,800 gal foam pad followed by 59,010 gal foam containing 145,260# 20/40 proppant. Flowed back on 1/4" and 1/2" chokes. RD flowback equipment. NU BOP. PT-OK. RIH w/mill & C/O fill to CIBP @ 6090'. D/O CIBP. C/O to PBTD @ 8112'. COOH. RIH w/tubing and landed @ 8069' w/"F" nipple set @ 8061'. ND BOP, NU WH. Pumped off expendable check. RD & released rig 12/1/01.

Turned well over to production. MV/DK intervals put back on line as commingled 12/4/01. Will DHC per 551 AZ approved 10/15/01.

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

Patsy Clugston

Title

Sr. Regulatory/Proaction Clerk

Date

12/7/01

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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 any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

