Form 3160-5 (August 1999)

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Sec 15 T32N R8W Mer NESW 1500FSL 1650FWL

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

Lease Serial No. NMSF079353

| 6 | If Indian | A Hottoo | or Triba | Man |
|---|-----------|----------|----------|-----|

SAN JUAN COUNTY, NM

| SUNDRY N                                       | OTICES AND     | REPORTS       | ON WE      | ùĽ <b>S</b> |
|--|----------------|---------------|------------|-------------|
| SUNDRY No<br>Do not use this<br>bandoned well. | form for propo | sals to drill | or to ree  | nte n ,     |
| bandoned well.                                 | Use form 3160  | 0-3 (APD) for | r such pro | opošaks()   |
|  |                | , ,           | 155.       | JUG .       |

|   | 10 . W                            |  |
|---|-----------------------------------|--|
| SUBMIT IN TRIPLICATE - Other instru                                   | PROPES 3                          | 7. If Unit or CA/Agreement, Name and/or No. NMNM78424A |
| 1. Typc of Well   | (S) Op 4/2, Co)                   | 8. Well Name and No.                                   |
| ☐ Oil Well    Gas Well    Other                                       |                                   | SAN JUAN 32-8 UNIT 4                                   |
| 2. Name of Operator Contact:  | PATSY CLUSSTON                    | 9. API Well No.  |
| PHILLIPS PETROLEUM COMPANY  | E-Mail: plclugs@pp6p.icpm         | 30-045-11414   |
| 3a. Address   | 3b. Phone No. (include area code) | 10. Field and Pool, or Exploratory                     |
| 5525 HWY. 64  | Ph: 505.599.3454                  | BLANCO MESAVERDE                                       |
| FARMINGTON, NM 87401  | Fx: 505-599-3442                  |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description | n)                                | 11. County or Parish, and State                        |

#### 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION         | TYPE OF ACTION         |                    |                             |                  |  |  |  |
|----------------------------|------------------------|--------------------|-----------------------------|------------------|--|--|--|
| Notice of Intent           | ☐ Acidize              | ☐ Deepen           | ☐ Production (Start/Resume) | ☐ Water Shut-Off |  |  |  |
|                            | ☐ Alter Casing         | ☐ Fracture Treat   | ☐ Reclamation               | ☐ Well Integrity |  |  |  |
| ☐ Subsequent Report        | ☐ Casing Repair        | ☐ New Construction | Recomplete                  | ☐ Other          |  |  |  |
| ☐ Final Abandonment Notice | ☐ Change Plans         | □ Plug and Abandon | ☐ Temporarily Abandon       |                  |  |  |  |
|                            | ☐ Convert to Injection | Plug Back          | ■ 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 recomplete 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 recompletion 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 site is ready for final inspection.)

A recent SLM showed that 7" casing had fallen out of slips. An attempt will be made to spear into the casing and re-land. Then a GSL will be run and if there is PC present we will recomplete this well as a PC producer only after the MV interval is plugged back. Brief details of the procedure are as follows:

MIRU. ND WH & NU BOP. COOH w/1-1/4" tubing. RIH w/center spear to re-land casing. RIH w/bit & scraper & CO to 5600'. COOH. RIH w/CIBP & set @ 5580'. Load hole. COOH. Run GSL from CIBP to 500' or TOC. Run CBL/GR/CCL. COOH. Load annulus and PT casing & CIBP to 500 psi for 30 mintues. The Mesaverde may be permanently abandoned at this time or a 4-1/2" casing may be run and cemented, depending on the CBL. Either way the BLM will be notified before we proceed remediation. If the PC is present, we will perforate and stimulate the PC interval. RIH w/2-3/8" 4.7# tubing. ND BOP, NU WH & PT- OK. Pump off expendable check and return well to production as a PC producer only. RD & released rig.

The PC partners have agreed to pay for the MV plugging and casing repair for this well if the PC interval is present. If the GSL

| 14. I hereby certify that the foregoing is true and correct.  Electronic Submission #6441 verified  For PHILLIPS PETROLEUM CO  Committed to AFMSS for process   |  |              |
|---|--|--------------|
| Name (Printed/Typed) PATSY CLUGSTON   | Title AUTHORIZED REPRESENTATIVE        |              |
| Signature THIS SPACE FOR FEDERA   | Date 08/15/2001 AL OR STATE OFFICE USE |              |
| Approved By   | Title                                  | AUG 2.4 ngay |
| 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, make 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.

## Additional data for EC transaction #6441 that would not fit on the form

#### 32. Additional remarks, continued

indicates no pressures from the PC interval, then we will have to SI this well until a decision can be made as to what to do with the well and MV partners can be balloted.

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

#### State of New Mexico

Energy, Minerals & Natural Resources Department

### **OIL CONSERVATION DIVISION**

1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-10

Revised August 15, 200

Submit to Appropriate District Offic

State Lease - 4 Copie

☐ AMENDED REPOR

Fee Lease - 3 Copie

WELL LOCATION AND ACREAGE DEDICATION PLAT

| WEED DOCATION AN       | 12 Heldrice Dedication LAT                  |   |  |
|------------------------|---|---|--|
| <sup>2</sup> Pool Code | <sup>3</sup> Pool Name                      |   |  |
| 70120                  | Albino Pictured Cliffs, Ext.                |   |  |
|                        | <sup>5</sup> Property Name                  |   |  |
| San Jua                | an 32-8 Unit                                | #4  |  |
| -                      | <sup>3</sup> Operator Name                  | ' Elevation   |  |
|                        |   | 7144  |  |
|                        | <sup>2</sup> Pool Code 70120 San Jua Philli | 70120 Albino Pictured Cliffs, Ext.  *Property Name San Juan 32-8 Unit |  |

<sup>10</sup> Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County   |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|----------|
| K             | 15      | 32N      | 8W    |         | 1500          | South            | 1650          | West           | San Juan |

11 Bottom Hole Location If Different From Surface

|                    |            |               |                 |             |               | Dillorone i lo   | II Dui iucc   |                |        |
|--------------------|------------|---------------|-----------------|-------------|---------------|------------------|---------------|----------------|--------|
| UL or lot no.      | Section    | Township      | Range           | Lot Idn     | Feet from the | North/South line | Feet from the | East/West line | County |
| K                  |            |               |                 | İ           |               |                  |               |                |        |
| 12 Dedicated Acres | 13 Joint o | r Infill 14 ( | Consolidation ( | Code 15 Oro | ler No.       |                  |               |                |        |
| 160 acres          | Y          |               | Ü               |             |               |                  |               |                |        |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A

| (        | HON-STANDARD UNIT I | AS BEEN APPROVED BY THE DIVISION            |                     |
|----------|---------------------|---|---------------------|
| 16       |                     | <sup>17</sup> OPERATOR CERT                 | IFICATION           |
|          |                     | I hereby certify that the information cont  |                     |
|          |                     | and complete to the best of my knowledg     | e and belief.       |
|          |                     | Fatsur Clus                                 | 875 <u> </u>        |
|          |                     | Signature Data Signature                    | derice constraint   |
|          |                     | Patsy Clugston Printed Name                 |                     |
|          |                     | Sr. Regulatory/Pror                         | ation Clerk         |
|          |                     | Title                                       |                     |
|          |                     | August 15, 2001                             |                     |
|          |                     | Date  |                     |
|          | SECTION 15          |   | ·                   |
| SF-      | 079353              | <sup>18</sup> SURVEYOR CERTIF               |                     |
|          | <b>)</b>            | I hereby certify that the well location sho | wn on this plat was |
| 9        | 1                   | plotted from field notes of actual surveys  | made by me or under |
| 1650'    |                     | my supervision, and that the same is true   | and correct to the  |
|          | . <i>X</i>          | best of my belief.                          |                     |
|          |                     | 7-15-53                                     |                     |
|          | 2                   | Date of Survey                              |                     |
|          |                     | Signature and Seal of Professional Surveyor |                     |
| 0        |                     | see original s                              | -                   |
| 1500,    |                     | James P. Leese                              |                     |
|          |                     |   |                     |
| <b>1</b> | <b>l</b>            | #1463                                       |                     |
|          |                     | Certificate Number                          |                     |
| , ,      |                     |   |                     |