Form 3160-5 (August 1999)

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

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

NAGEMENT	5. Lease Serial No
EDODTE ON MELLS	SE_778008

SUNDRY NOTICES AND REPORTS ON WELLS			SF-078998/			
Do not use this form for abandoned well. Use For	r proposals to drill or to	re-enter an 📆 🗀 🔻 🧃		6. If Indian, A	allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side				7. If Unit or CA/Agreement, Name and/or No		
1. Type of Well	*	GE CHECKING AN		San Juan 3	32-7 Unit	
Oil Well X Gas Well Other		13	' I	8. Well Name	and No.	
2. Name of Operator		V∌.	C.V	SJ 32-7 Ur	nit #68	
Phillips Petroleum Company		Margal	9,50	9. API Well No. 30-045-24776		
		3b. Phone 140 (1964) 505 - 599 - 3454	rea code)			
5525 Highway 64, NBU 3004, Farmingt		1 505-599-3454		10. Field and	Pool, or Exploratory Area	
 Location of Well (Footage, Sec., T., R., M., or Surve Unit P, \$920' FSL & 1080' FEL 	ey Description)			Basin Dak	ota.	
Section 34, T32N, R7W					11. County or Parish, State San Juan, NM	
12. CHECK APPROPRI	ATE BOX(ES) TO I	NDICATE NATURE OF N	OTICE, REPOR	T, OR OTHER D	ATA	
TYPE OF SUBMISSION			PE OF ACTION			
THE OF SUBMISSION			v			
X Notice of Intent	Acidize	Deepen	Producti	on (Start/Resume)	Water Shut-Off	
_	Alter Casing	Fracture Treat	Reclama	tion	Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomp	lete	X Other Extend S	
First About amount Nicking	Change Plans	Plug and Abandon	Tempora	arily Abandon	status till can	
Final Abandonment Notice	Convert to Inject	tion Plug Back	Water D	isposal		
3. Describe Proposed or Coommpleted Operation (clear				•	<u>evaluate</u> for reco	
The subject well has been shut in evaluate of the well for uphole in restricted area and our rigs are after the March 31, closure date. Once the evaluation is complete.	recompletion in committed for	to the Mesaverde in this year, so we w	nterval. I ill have to	his well is plan the w	in the wildlife orkover to begin	
will be tested before the workove completing the new zone.	er commences an	d if the casing fa	ils we will	remediate	with cement before	
				M		
man a series	S APPROVAL	EXPIRES MA	Y 0 1 20	Ţ	*	
••••					***	
				*.		
				***	(S)	
				<u> </u>	<u> </u>	
14. I hereby certify that the foregoing is true and correct		Title				
Name (Printed Typed)	Name (Printed (Typed) Patsy Clugston Sr. Regulatory/Proration				on Clerk	
How Chatre)/13/00			
Table Class	e enace con co					
	SPACE FUR FE	Title	FICE USE	1	Date	
Approved by		Tine		,	Date 10/23/SU	
Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations thereo	o those rights in the s	warrant or Office ubject lease				
Title 18 H.S.C. Section 1001 and Title 43 H.S.C. Section	ion 1212 makes it a cri	ime for any person knowingly	and willfully to	make to any dep	artment or agency of the Uni	