Form 3160-5 (August 1999)

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

VOCIME IS	NOTICES	AND	DEDODTS	ON	WEI	

FORM APPROVED /
OMB NO. 1004-0138
Expires: November 30, 2000

- OFFICE

5. Lease Serial No.

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Do not use this form for abandoned well. Use For	6. If	Indian, Allottee or Tribe Name				
SUBMIT IN TRIPLICATE -	Other instructions on re	verse side	7. If	Unit or CA/Agreement, Name and/or No.		
1. Type of Well	San	San Juan 32-8 Unit				
Oil Well X Gas Well Other	1	8. Well Name and No.				
2. Name of Operator			\$1.3	2-8 Unit #49		
Phillips Petroleum Company		,		PI Well No.		
3a. Address 5525 Highway 64, NBU 3004, Farmingt		Phone No. (include ar. 05-599-3454	100.0	145 - 25394 Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Surve		Albino Pictured Cliffs				
Unit a, 810' FNL & 810' FEL				co Mesaverde		
Section 15, T32N, R8W			i i	11. County or Parish, State		
				Juan, NM		
12. CHECK APPROPRI	ATE BOX(ES) TO INDIC	ATE NATURE OF NO	TICE, REPORT, OR O	THER DATA		
TYPE OF SUBMISSION		TYP	E OF ACTION			
Notice of Intent	Acidize	Deepen	Production (Start/	Resume) Water Shut-Off		
	Alter Casing	Fracture Treat	Reclamation	Well Integrity		
X Subsequent Report	Casing Repair	New Construction	Recomplete	X Other <u>Repair</u>		
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily Abar	Packer Leak & put		
	Convert to Injection	Plug Back	Water Disposal	back on line.		
The subject well failed the annual work performed to correct the correct the correct the correct the correct that and 2-3/8" tubing and part of the work 7" R-3 Baker Packer. Lander RIH w/1-1/4" tubing and set @ 30 rig. Turned well over to product	al packer leakage t mmingling of produc R ran seating nippl acker. Several jo d tubing @ 6266' w 920' with "F" nipp	etion from these e @ 6210'. COO ints of bad tubi ith "F" nipiple le set @ 3884'.	two different H. ND WH & NU I ng removed. RII set @ 6235'. To ND BOP NU WH. e. DEC	zones. BOP. PT-OK. COOH H w/2-3/8" tubing and op of packer @ 4042'.		
14. I hereby certify that the foregoing is true and correct		Title	Way or	22 04		
Name (Printed Typed)	Patsy Clugston		Sr. Regulatory/	Proration Clerk		
Talsa Cluston		Date 12/	13/00			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
Approved by		Title		Date		
Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title twhich would entitle the applicant to conduct operations theree	o those rights in the subject	ant or Office		77. (a) 1 (b) 1 (c) 1 (d) 1 (d		
Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section States any false, fictitious or fraudulent statements or represe	ion 1212, makes it a crime fo	or any person knowingly its jurisdiction.	and willfully to make to	any department of Laguecy of the Unite		