Submit 3 Copies To Appropriate District	State of New M	Mexico		Form C-10	3
Office District I	Energy, Minerals and Na	tural Resources	WELL API NØ.	Levised March 25, 1999	9 1
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION	ON DIVISION	30-039-27513		
811 South First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. F		5. Indicate Type of Lease STATE X	e FEE 🔲	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM	. 8/303	6. State Oil & Gas Lease		1
	ES AND REPORTS ON W	23450	E-347-38		1
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	SALS TO DRILL OR TO ANTERED FI	N OR PILLES BACKETO A	7. Lease Name or Unit A	greement Name:	
1. Type of Well: Oil Well Gas Well X	Other		San Juan 30-5 Unit	31327	
2. Name of Operator	(E)	"67. 3 PM. 3	8. Well No.		1
ConocoPhillips Company 3. Address of Operator	217817	2/2 11 12 12	SJ 30-5 Unit #230A 9. Pool name or Wildcat		-
5525 Highway 64, NBU 3004, F	armington, NM 87401	LEUZ 51 OLLAR	Basin Fruitland Coal	71629	1
4. Well Location					
Unit Letter I ::	feet from the S	outh line and	990 feet from the	East line	
Section 32	Township 30N 10. Elevation (Show whether			anty Rio Arriba	
11 (1 1 4		369' GL	Danast au Othan Date	Sign Street Co. Spring	
NOTICE OF INTE	ppropriate Box to Indica	į	SEQUENT REPORT		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		TERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS			UG AND ANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		WE ONWELL!	
OTHER:		OTHER: First Pro	oduction Notice		\square
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.					
Date - 5/4/04 Tubing Pressure - 0 psi SI / 10 psi producing Casing Pressure - 556 psi SI / 10 psi producing Line Pressure - 111 psig Meter - 30533138 Volume - <50 mcfd Williams - through COPC Manzanares System @ 30-5 #1 CDP					
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Regulatory Analyst DATE 5/5/04					
Type or print name Pat.	sy Clugston		Telephone No	505-599-3454	-
(This space for State use)	2	DEPUTY OIL & GAS INS?	ECTOR, DIST. 🙉 MAY	Y - 6 2004	
APPROVED BY Conditions of approval, if any:	тт	TTLE	DATE_	- 0 2004	-