Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Re	Form C-103 evised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240 District II 811 South First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-039-27511 5. Indicate Type of Lease STATE FEE X 6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit A	greement Name:
1. Type of Well: Oil Well Gas Well X	Other		San Juan 29-6 Unit 31326	
2. Name of Operator			8. Well No.	,
ConocoPhillips Company	217817		SJ 29-6 Unit #215A	
3. Address of Operator 5525 Highway 64, NBU 3004, F.	Farmington, NM 87401		9. Pool name or Wildcat Basin Fruitland Coal 71629	
4. Well Location				
Unit Letter C:	660 feet from the	North line and	2105 feet from the	Westline
Section 3	Township 29		NMPM Cou	nty Rio Arriba
The state of the s	10. Elevation (Show wh	ether DR, RKB, RT, GR, et 6371' GL	tc.)	- Selection of the second
11. Check A	ppropriate Box to Ind		Report, or Other Data	
NOTICE OF INTE		l l	SEQUENT REPORT	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALT	ERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL		JG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		
OTHER:		OTHER: First	Production Notice	X
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 - 4/23/04 TP - 122 psi CP - 122 psi LP - 130 psi Meter - 29633226 Volume - 1800 mcfd Transporter - Williams thr	ough COPC's Manzanara	as system @ 29-6 #1 CPD	APR 2004	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Falsy	Clust	TITLE Regulatory A	Analyst DATE	4/26/04
Type or print name	Patsy Clugston		Telephone No	. 505-599-3454
(This space for State use)	1	eeputy oil B gas insp	ECTOR, DIST. C	2 % 000
APPROVED BY Mal 72 Conditions of approval, if any:		TITLE	APK Z	2 7 2004