Form 3160-5 (August 1999)

## UNITED STATES . DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135

OIVIL	110.1007	-O1.	, ,
Expires:	November	30,	2000

Lybn	Co.	1101	CITIO	-1
				_

Lease	SCI	141	MO.	

SUNDRY NOTICES	AND REPORTS	ON WELLS		SF-0/82/8	
Do not use this form for abandoned well. Use For				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
. Type of Well		<del></del>		San Juan	29.6 Unit
Oil Well X Gas Well Other				8. Well Name	
Name of Operator		<del></del>			
ConocoPhillips Company				SJ 29-6 U	
a. Address		3b. Phone No. (include are	a code)	9. API Well I 30-039-24	
5525 Highway 64, NBU 3004, Farmingt	on NM 87401	505:599-3454	•		Pool, or Exploratory Area
Location of Well (Footage, Sec., T., R., M., or Survey)				10. Tiold and	Tool, or Employment, The
Unit H, 1720' FNL & 1242' FEl				Basin Fru	itland Coal
Section 15, T29N, R6W				11. County o	r Parish, State
		· · · · · · · · · · · · · · · · · · ·		Rio Arrib	a, <u>NM</u>
12. CHECK APPROPRIATE	BOX(ES) TO INI	DICATE NATURE OF N	IOTICE, REP	ORT. OR OT	HER DATA
	Τ				, ;
TYPE OF SUBMISSION		IYP	E OF ACTION		
Notice of Intent	Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off
:	Alter Casing	Fracture Treat	Reclamatio	· · · · · · · · · · · · · · · · · · ·	Well Integrity
X Subsequent Report					
	Casing Repair	New Construction	Recomplet	te	X Other Report
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporari	ly Abandon	pressure on POW
	Convert to Inject	ion Plug Back	Water Disp	oosal	we11
A reading from this Pressure Obse					and the recorded
pressure was 491 psig. ConocoPhi	llips wishes to	keep this informati	on contider	ודומו.	•
					<b>5</b> 22 3
		/\$\ oct 2000	3	-	ਤੋਂ ਫੀ ਜਾ
				-	o B A
₹ 			17. S	<u>.</u>	
:				. (1	DEIVED -
		Same of the second	M. C. Land	1 5	
			للمنتشئة	-	] <del>.</del> U
		•		4	<b>5</b>
					~
<ol> <li>I hereby certify that the foregoing is true and correct Name (Printed/Typed)</li> </ol>		Title	setatus s		,,,
Traile (Trinear Typed)	Patsy Clugstor	n Regulat	tory Analys	t	
Tala Willed		Date 10/21			in the state of the state of
TIME	C CDACE FOR FE	<del></del>		ACCIEDIT	IN FOR RECORD
Approved by	S SPACE FUR FE	DERAL OR STATE OFF	ICE USE		Onto
		,		00	2 9 2003
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to	o those rights in the sub	warrant or Office			
which would entitle the applicant to conduct operations i	hereon.			ARMINO	CHELL UPF.