

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.**5. Lease Serial No.  
NMSF078278

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other8. Well Name and No.  
SJ 29-6 2282. Name of Operator  
CONOCOPHILLIPS COMPANYContact: JUANITA FARRELL  
E-Mail: JUANITA.R.FARRELL@CONOCOPHILLIPS.COM9. API Well No.  
30009-24683-00-S13a. Address  
P O BOX 2197 WL 6106  
HOUSTON, TX 772523b. Phone No. (include area code)  
Ph: 505.599.341910. Field and Pool, or Exploratory  
BASIN FRUITLAND COAL

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 15 T29N R6W SENE 1720FNL 1242FEL  
36.72826 N Lat, 107.44501 W Lon

11. County or Parish, and State

RIO ARriba COUNTY, NM

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BLA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

A successful casing integrity test was run, 11/30/2004(see attached copy of chart)ConocoPhillips wishes to keep this well's shut-in status because we are using this well as a pressure observation well. The sundry stating the recorded pressure was submitted 01/10/2005.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #52968 verified by the BLM Well Information System  
For CONOCOPHILLIPS COMPANY, sent to the Farmington  
Committed to AFMSS for processing by STEVE MASON on 01/18/2005 (055XM0219SE)

Name (Printed/Typed) JUANITA FARRELL

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 01/17/2005

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By

**ACCEPTED**STEPHEN MASON  
Title PETROLEUM ENGINEER

Date 01/18/2005

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office Farmington

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*****NMOCD**

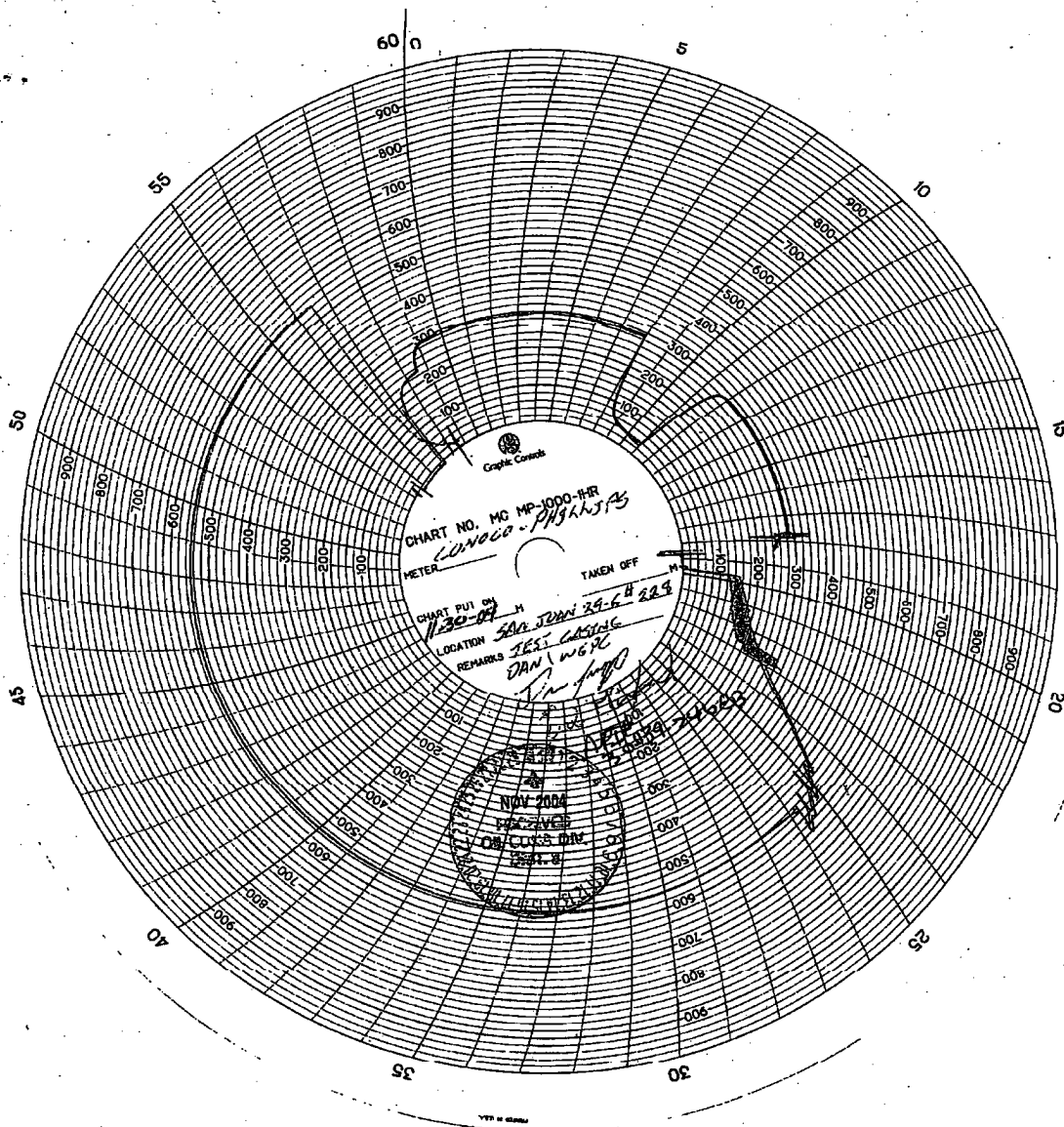


CHART NO. MG MP-1000-11R  
LOCATION 500 JAW 28-6-22

REMARKS TEST CASES

DR. C. S. BIV

NOV 2004

RECEIVED

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