Form 3160-SCEIVED
(August 2007)

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

FORM A	PPROVEI
OMB No	1004-013
Europe I	ulu 21 201

			Expires. July 31, 2010			
			5 Lease Serial No			
			SF-078426 6 If Indian, Allottee or Tribe Name			
ureau of Land Maกลหองแระ this form for propo	sals to drill o	r to re-enter		,		
abandoned well. Use Form 316	0-3 (APD) for	such propos	als.			
SUBMIT IN TRIPLICATE - Other instructions on page 2.			7. If Unit of CA/Agreement, Name and/or No.			
1 Type of Well			San Juan 29-6 Unit			
Oıl Well X Gas Well Other			8 Well Name and No San Juan 29-6 Unit 61M			
2 Name of Operator  ConocoPhillips Company			9. API Well No 30-039-30985			
3a Address 3b. Phone No (include area coo						
PO Box 4289, Farmington, NM 87499		505) 326-970		Blanco MV/Basin DK		
4 Location of Well (Footage, Sec., T.R.M., or Survey Description)  Surface UNIT K (NESW), 1975' FSL & 1796	N'EWI Soc 1	0 T20N D61		11. Country or Parish, State  Rio Arriba	New Mexico	
Bottomhole UNIT M (SWSW), 1238' FSL & 744				KIO AITIDA ,	IAGM MIGNICO	
12. CHECK THE APPROPRIATE BO	DX(ES) TO INDI	CATE NATURI	E OF NOT	TICE, REPORT OR OTHER	R DATA	
TYPE OF SUBMISSION		TYPE	OF AC	TION		
Notice of Intent Acidize	Deep	en	Pı	roduction (Start/Resume)	Water Shut-Off	
Alter Casing	Fracti	ire Treat	□ R	eclamation	Well Integrity	
X Subsequent Report Casing Repair		Construction	=	ecomplete	X Other Interim	
Change Plans		and Abandon		emporarily Abandon	Reclamation	
Final Abandonment Notice Convert to Injection  13 Describe Proposed or Completed Operation Clearly state all perturbations.	Plug l			Vater Disposal	a duration thoract	
following completion of the involved operations. If the operation Testing has been completed. Final Abandonment Notices must be determined that the site is ready for final inspection.)  The subject well was drilled and completed in reclamation of the location. Please schedule a requirements on this reclamation work.	pe filed only after al 2011 and Con	requirements, inc	luding recla	mation, have been completed and tly completed the interim	the operator has	
requirements on the residing to work.					RCVD OCT 1'12 DIL CONS. DIV.	
					DIST. 3	
Fee Surface  14. Thereby certify that the foregoing is true and correct Name (Prince)						
14. Thereby certify that the foregoing is true and correct Name (Prin	nted/Typed)					
DENISE JOURNEY		Title REGULATORY TECHNICIAN				
Signature Diniol Journey		<b>9/20/2012</b> Date				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE ACCEPTED FOR RECORD						
Approved by			Title	SEP 2	9 2012	
Conditions of approval, if any, are attached. Approval of this notice that the applicant holds legal or equitable title to those rights in the sentitle the applicant to conduct operations thereon.		- 1	Office	FARMINGTON BY//_K	FIELD OFFICE	