

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM 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.
NMSF 080066

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
SAN JUAN 30-5 UNIT 43

9. API Well No.
30-039-21141

10. Field and Pool, or Exploratory Area
BLANCO MESAVERDE

11. County or Parish, State
**RIO ARRIBA
NEW MEXICO**

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
CONOCOPHILLIPS CO.

3a. Address
P.O. BOX 2197 WL3 6108 HOUSTON TX 77252

3b. Phone No. (include area code)
(832)486-2326

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**1180 SOUTH 800 WEST
UL: M, Sec: 5, T: 30N, R: 5W**

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other DHC
	<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 recompleate horizontally, give subsurface locations 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/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation 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.)

ConocoPhillips proposes to recompleate this well in to undesignated Pictured Cliffs and downhole commingle with the existing Blanco Mesaverde. Attached is our procedure to perform this work and our application to the NMOCd for DHC approval.

CONDITIONS OF APPROVAL
Adhere to previously issued stipulations.

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

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

Name (Printed/Typed)
DEBORAH MARBERRY

Title
REGULATORY ANALYST

Signature

Date
07/12/2005

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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

Title 18 U.S.C. Section 1001, makes 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.



San Juan Recompletion Procedure

SJ 30-5 #43

PROCEDURE:

Ensure that well is shut in, energy isolated, locked and tagged out; Cathodic protection disconnected.

1. Notify Operator, Lewis McSharry 505 486-1918.
2. Prepare Location. Test anchors to 10,000 lbs.
3. RU WL and retrieve plunger & spring. RD WL.
4. Hold Safety Meeting.
5. MI & RU WO rig.
6. The well is a Category 2/Class 2 designation. Thus, two untested or one tested barrier will be needed to kill the well.
7. ND wellhead and NU BOPE. (Refer to COPC well control manual, Sec 6.13 for pressure testing procedure).
8. Remove the BPV and stab landing joint. POOH w/ tubing. Inspect and replace any bad joints of tubing.
9. RIH with composite and set in 4.5" 10.5# production hole at 5000'.
10. Load well with 2% KCl.
11. Pressure-test the composite/casing to 500 lbs.
12. Run a TDT log to at least 2000', GR to surface (Send log to Houston for selection of perf interval). Run a CBL log from composite plug to 100' above TOC, be prepared to pressure-up for micro-annulus effects (estimated top of cement is at 1600'). Send log to Houston for evaluation. If a squeeze is necessary, this procedure will be amended.
13. PU treating packer and ConocoPhillips 4-1/2" frac string, RIH and set at 50' above top selected perf.
14. Pressure-test the composite plug and frac string to 90% allowable documented burst pressure.

Following highlighted areas will be covered by the Completion Engineer's Procedure.

15. Perforate selected interval.

16. **Fracture stimulate according to Completion Engineer's procedure.**
17. Release packer & 4-1/2" frac string and POOH.
18. RIH with tubing & mill and cleanout to composite plug, circulate clean. Obtain 2-hour flow-test through 1/2" choke.
19. Drill-out composite plug to PBTD and POOH.
20. RIH with 2-3/8" tubing, 1.78" F-nipple, and expendable check on bottom, **land at 5800'**. Drift tubing according to Ron Bishop's included procedure.
21. Install BPV. ND BOPE and NU wellhead. Remove BPV. Pump-out check. If necessary, swab the well to kick-off prior to moving the WO rig. Call operator (Lewis McSharry 505 486-1918) upon completion of work.
22. RD MO rig. NOTIFY regulatory (Yolanda or Deb) to inform that work is completed.
23. Turn well over to production.

Engineer: Steve Skinner Phone contact #: 832 486-2651 Cell#: 832 364-0454

DATE IN	SUSPENSE	ENGINEER	LOGGED IN	TYPE	APP NO.
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ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
 [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
 [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
 [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
 [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
 [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] TYPE OF APPLICATION - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication

☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement

☒ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify _____

[2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply

[A] ☒ Working, Royalty or Overriding Royalty Interest Owners

[B] ☒ Offset Operators, Leaseholders or Surface Owner

[C] ☐ Application is One Which Requires Published Legal Notice

[D] ☐ Notification and/or Concurrent Approval by BLM or SLO
 U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☐ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☐ Waivers are Attached

[3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Deborah Marberry
 Print or Type Name Signature

Regulatory Analyst 7/11/05
 Title Date

deborah.marberry@conocoPhillips.com
 e-mail Address

District I
1625 N. French Drive, Hobbs, NM 88240

District II
1301 W. Grand Avenue, Artesia, NM 88210

District III
1000 Rio Brazos Road, Aztec, NM 87410

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

Form C-107A
Revised June 10, 2003

APPLICATION TYPE
____ Single Well
____ Establish Pre-Approved Pools
EXISTING WELLBORE
____ Yes ____ No

APPLICATION FOR DOWNHOLE COMMINGLING

CONOCOPHILLIPS CO.

P.O. BOX 2197 WL3 6108 HOUSTON, TX 77252

Operator Address
SAN JUAN 30-5 UNIT 43 M Sec: 5 Twn: 30N Rng: 5W RIO ARRIBA
Lease Well No. Unit Letter-Section-Township-Range County
OGRID No. 217817 Property Code 31327 API No. 30-039-21141 Lease Type: ☒ Federal ____ State ____ Fee

DATA ELEMENT	UPPER ZONE	INTERMEDIATE ZONE	LOWER ZONE
Pool Name	WC30N5W5;PICTURED CLIFFS		BLANCO MESAVERDE
Pool Code	97440		72319
Top and Bottom of Pay Section (Perforated or Open-Hole Interval)	TBD from TDT Log		5344 - 5830
Method of Production (Flowing or Artificial Lift)	artificial lift		artificial lift
Bottomhole Pressure (Note: Pressure data will not be required if the bottom perforation in the lower zone is within 150% of the depth of the top perforation in the upper zone)	160 psi		160 psi
Oil Gravity or Gas BTU (Degree API or Gas BTU)	1020		1075
Producing, Shut-In or New Zone	new zone		producing
Date and Oil/Gas/Water Rates of Last Production (Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data.)	Date: Rates:	Date: Rates:	Date: 05/15/2005 Rates: 90 mcf/d
Fixed Allocation Percentage (Note: If allocation is based upon something other than current or past production, supporting data or explanation will be required.)	Oil Gas see % attach %	Oil Gas % %	Oil Gas see % attach %

ADDITIONAL DATA

Are all working, royalty and overriding royalty interests identical in all commingled zones? Yes ____ No ☒
If not, have all working, royalty and overriding royalty interest owners been notified by certified mail? Yes ____ No ☒
Are all produced fluids from all commingled zones compatible with each other? Yes ☒ No ____
Will commingling decrease the value of production? Yes ____ No ☒
If this well is on, or communitized with, state or federal lands, has either the Commissioner of Public Lands or the United States Bureau of Land Management been notified in writing of this application? Yes ☒ No ____
NMOCD Reference Case No. applicable to this well: R-10771

Attachments:

- C-102 for each zone to be commingled showing its spacing unit and acreage dedication.
- Production curve for each zone for at least one year. (If not available, attach explanation.)
- For zones with no production history, estimated production rates and supporting data.
- Data to support allocation method or formula.
- Notification list of working, royalty and overriding royalty interests for uncommon interest cases.
- Any additional statements, data or documents required to support commingling.

PRE-APPROVED POOLS

If application is to establish Pre-Approved Pools, the following additional information will be required:

- List of other orders approving downhole commingling within the proposed Pre-Approved Pools
- List of all operators within the proposed Pre-Approved Pools
- Proof that all operators within the proposed Pre-Approved Pools were provided notice of this application.
- Bottomhole pressure data.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Deborah Marberry TITLE REGULATORY ANALYST DATE 7/14/05
05/21/2005

TYPE OR PRINT NAME DEBORAH MARBERRY TELEPHONE NO. (____) (832)486-2326

E-MAIL ADDRESS deborah.marberry@conocophillips.com

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised June 10, 2003
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-039-21141		Pool Code 97470 96175	Pool Name WC30N5W5 PICTURED CLIFFS Rosa pictured cliffs
Property Code 31327	Property Name SAN JUAN 30-5 UNIT		Well Number 43
OGRID No. 217817	Operator Name CONOCOPHILLIPS CO.		Elevation

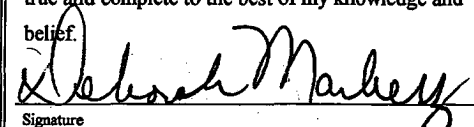
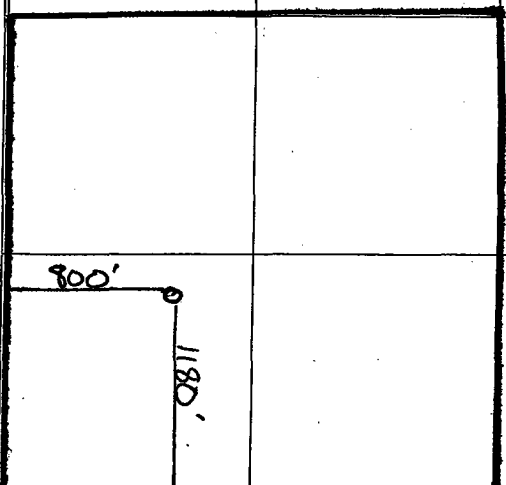
¹⁰Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	5	30N	5W		1180	SOUTH	800	WEST	RIO ARRIBA

¹¹Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres 160		Joint or Infill		Consolidation Code		Order No.			

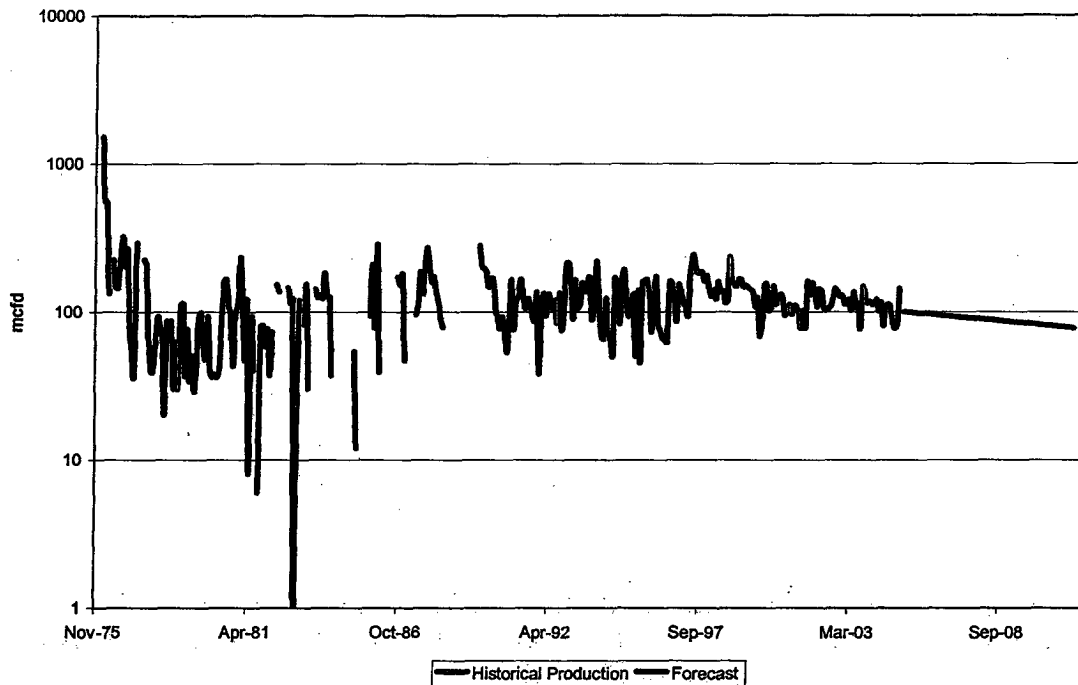
NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16					¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature DEBORAH MARBERRY Printed Name REGULATORY ANALYST deborah.marberry@conocophillips.com Title and E-mail Address 07/11/2005 Date	
					¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: Certificate Number	
						

San Juan 30-5 #43 Mesaverde Subtraction Allocation

Based on the most recent MV production, it is recommended to assign the following average daily volumes to the MV formation for the 36 months of production following the recompletion. All other production above this volume should be given to the **Picture Cliffs**. After the allocation runs out, engineer will convert to a ratio allocation method.

San Juan 30-5 #43 Mesaverde Production



(Condensate production should be allocated 100% to the Picture Cliffs)

Forecast

Month	Allocated mcf/d	Month	Allocated mcf/d	Month	Allocated mcf/d
1	100	13	96	25	92
2	99	14	95	26	92
3	99	15	95	27	91
4	99	16	95	28	91
5	98	17	94	29	91
6	98	18	94	30	90
7	98	19	94	31	90
8	97	20	94	32	90
9	97	21	93	33	90
10	97	22	93	34	89
11	96	23	93	35	89
12	96	24	92	36	89

Bureau of Land Management Conditions of Approval:

- 1) If cement squeeze work is necessary, contact Matt Halbert of the BLM Farmington Field Office @ (505) 599-6350.**
- 2) If this well is located in a Specially Designated Area (SDA), compliance with the appropriate seasonal closure requirements will be necessary.**
- 3) Pits must be lined with an impervious material at least 12 mils thick. The pit must be fenced on three (3) sides during workover operations and on the 4th side after the rig moves off location. Pits must be closed within 90 days of completion of the workover operations. Prior to closing the pit the liner must be cut off at mud level.**