Form 3160-5 (August 1999)

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

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

5. Lease Serial No. NMSE078282

**NMOCD** 

Do not use this form for proposals to daily and the					111/101 070202	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side  1. Type of Well				7. If Unit or CA/Agreement, Name and/or No.  NMNM78415A  8. Well Name and No. San Juan 29-5 Unit #32F		
Oil Well  Gas Well Other						
2. Name of Operator ConocoPhillips Co.				9. API We		
3a. Address P.O. Box 2197, WL3-6081	3b. Phone No. (include area code) (832)486-2463		30-039-27538			
4. Location of Well (Footage, Se Sec 29 T29N R5W SENW			10. Field and Pool, or Exploratory Area Blanco Mesaverde/Basin Dakota			
			11. County or Parish, State Rio Arriba NM			
12. CHECK AF	PPROPRIATE BOX(ES) TO	O INDICATE NATU	RE OF NOTICE, R	EPORT, OI	R OTHER DATA	
TYPE OF SUBMISSION		TY	PE OF ACTION	TION		
Notice of Intent  Subsequent Report	☐ Acidize ☐ Alter Casing	☐ Deepen ☐ Fracture Treat	<ul><li>☑ Production (Star</li><li>☐ Reclamation</li></ul>	t/ Resume)	☐ Water Shut-Off ☐ Well Integrity	
	Casing Repair Change Plans	<ul><li>☐ New Construction</li><li>☐ Plug and Abandon</li></ul>	Recomplete Temporarily Aba	ındon	Other	
☐ Final Abandonment Notice	Convert to Injection	☐ Plug Back	☐ Water Disposal	uidon		
following completion of the investing has been completed. Findetermined that the site is ready  Date of First Sales 6/24/2 Tubing Pressure 556.2 Casing Pressure 556.2 Meter No. 83812-010 Transporter Williams Field	al Abandonment Notices shall be for final inspection.)	results in a multiple comp filed only after all requires  AUG 2005  RECEIVED  DIST. 3	nents, including reclama	subsequent re a new interval tion, have been	f all pertinent markers and zones. ports shall be filed within 30 days, a Form 3160-4 shall be filed once a completed, and the operator has	
14. I hereby certify that the foregoin Name (Printed/Typed) Christina Gustartis Signature	g is true and correct	Title Regula Date 07/01/2	tory Analyst			
in the same of the	THIS SPACE FO	R FEDERAL OR ST				
Approved by			itle	Da	te	
Conditions of approval, if any, are a certify that the applicant holds legal which would entitle the applicant to	Of equitable title to those richts is	does not warrant or Of	fice			