Form 3160-5 (April2004).

UNITEDSTATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

5. Lease Serial No.

| NMSF | 078995 | |
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| | | |

FORMAPPROVED OM B No. 1004-0137 Expires: March 31, 2007

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| Do not use the abandoned we | is form for proposals all. Use Form 3160-3 | to drill or to re-e (APD) for such pro | nter an | 6. If Indian 9 11 | , Allottee or Tribe Name |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| SUBMIT IN TRI | PLICATE - Other ins | tructions on rever | se şide EIVED | | or CA/Agreement, Name and/or No. |
| 2. Name of Operator ConocoPhillips Company Ba. Address PO BOX 4289 Farmingto 4. Location of Well (Footage, Sec 1810 SOUTH 1111 WES UL: L, Sec: 28, T: 31N, R | n NM 87499 c., T., R., M., or Survey Descr T : 6W | 3b. PhoneNo.(includ (505)326-95 iption) | 97 | 8. Well Na SAN JU 9. API We 30-039- 10. Field a BASIN 11. Count RIO AR | -24944 and Pool, or Exploratory Area FRUITLAND COAL y or Parish, State IRIBA |
| 12. CHECK AF | PPROPRIATE BOX(ES)T | O INDICATE NATUR | E OF NOTICE, R | EPOKI, O | R OTHER DATA |
| TYPEOF SUBMISSION | | TY | PEOF ACTION | | |
| Noticeof Intent Subsequent Report Final Abandonment Notice | Acidize AlterCasing Casing Repair Change Plans Convert to Injection | Deepen FractureTreat New Construction Plug and Abandon Plug Back | Production (Sta Reclamation Recomplete Temporarily Ab Water Disposal | andon | Water Shut-Off Well Integrity X OtherWell Test |
| If the proposal is to deepen dire | ectionally or recomplete horizon | tally, give subsurface locati | ons and measured and t | rue vertical de | work and approximate duration thereof pths of all pertinent markers and zones, nt 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

A reading from this Pressure Observation Well was taken on 10/30/06 at a depth of 3310 and the recorded pressure was 406 psi.

determined that the site is ready for final inspection.)

RCVD NOV22'06

OIL CONS. DIV.

DIST. 3

| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------|------------------------------------------|--|--|
| Juanita Farrell | Title | Regulatory Specialis | t | | |
| Signature Hunt Fame | Date | 11/17/2006 | | | |
| 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 | ACCEPTED FOR FECCAD | | |
| Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for an States any false, fictitious or fraudulent statements or representations as to any r | ny perso matter | on knowingly and willfully to mak within its jurisdiction. | e to any department or agency of the the | | |

(Instructions on page 2)