UNITED STATES		
DEPARTMENT OF THE INTERIO	R	
BUREAU OF LAND MANAGEME	N	T

Sundry Notices and	to the state of th				
1. Type of Well GAS		2007 JAN 29 PM 2: RECEIVED ULM	6.	Lease Number NM-010063 If Indian, All. or Tribe Name	
2. Name of Operator		210 FAR((1987)6)(1	117.	Unit Agreement Name	
ConocoPhillips					
			- 8.	Well Name & Number	
3. Address & Phone No. of PO Box 4289, Farmington	Operator 1, NM 87499 (505) 326-970	0	9.	Lucerne B 1E API Well No.	
4. Location of Well, Footag Sec., T—N, R—W, NMPN			10.	30-045-24415 Field and Pool	
Unit M (SWSW), 830' FSL & 850' FWL, Sec. 17, T28N, R11W NMPM			11.	Basin Dakota County and State San Juan, NM	
12. CHECK APPROPRIATE	BOX TO INDICATE NA	TURE OF NOTICE, REPORT, O	THER	DATA	
Type of Submission: ☑ Notice of Intent	Type of Action: ☐ Abandonment ☐ Recompletion	☐ Change of Plans ☐ New Construction	⊠o	ther: BH Repair extension	
☐ Subsequent Report ☐ Final Abandonment	☐ Plugging ☐ Casing Repair ☐ Altering Casing	☐ Non-Routine Fracturing☐ Water Shut-off☐ Conversion to Injection			
1. Describe Proposed or Co	mpleted Operations				
bond log, perforate & ceme throughout the entire well procedure will be submitte Conocophillips would like to Notification Rig availabi	ent-squeeze to shut-off to bore. Any holes in the co d by 3/1/07. Trequest an extension to n to partners	on casing but no indication of ho the channeling. Plan to pressure using will be cement-squeezed a repair the BH until 5/1/07 for	e-test s neces	the production casing ssary. A detailed	
14. I hereby certify that the f Signed ////////////////////////////////////	Myff Philana Th	Title Regulatory		cian Date <u>1/29/07</u> Date <u>//30/67</u>	
CONDITION OF APPROVAL Title 18 U.S.C. Section 1001, make a a crime for at the United States any false, fictitions or fraudulent st	, if any: by person knowingly and willfully to make any atements or representations as to any matter wit	department or agency of thin its jurisdiction.			