

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

Sundry Notices and Reports on Wells

1. **Type of Well**
GAS

2. **Name of Operator**
ConocoPhillips

3. **Address & Phone No. of Operator**

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. **Location of Well, Footage, Sec., T, R, M**
Sec., T--N, R--W, NMPM

Unit H (SENE) 2285' FNL & 810' FEL, Sec. 8, T29N, R6W NMPM

5. **Lease Number**
SF- 080379A

6. **If Indian, All. or
Tribe Name**

7. **Unit Agreement Name**
San Juan 29-6

8. **Well Name & Number**
San Juan 29-6 Unit 19B

9. **API Well No.**
30-039-29454

10. **Field and Pool**
Blanco Mesa Verde

11. **County and State**
Rio Arriba Co., NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action		
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input checked="" type="checkbox"/> Change of Plans	<input type="checkbox"/> Other -
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction	
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging	<input type="checkbox"/> Non-Routine Fracturing	
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off	
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection	

13. Describe Proposed or Completed Operations

Change of well design-

ConocoPhillips is requesting to change the intermediate depth to 3501'. The APD was approved for 3673'. Cement volumes will be adjusted accordingly.

3/29/07 Verbal approval given by Troy Salyers BLM to proceed.

RCVD APR3'07
OIL CONS. DIV.
DIST. 3

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

Signed Tracey N. Monroe Tracey N. Monroe Title Regulatory Technician Date 3/29/07

(This space for Federal or State Office use)

APPROVED BY Troy L Salyers Title Petroleum Engineer Date 3/30/2007
CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

CCOWN
NMOCB