

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

2007 MAY - 8 PM 3:56

1. Type of Well
GAS

RECEIVED
BLM
210 FARMINGTON NH

5. Lease Number
NMSF-078917
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
San Juan 29-5 Unit
8. Well Name & Number
#91F
9. API Well No.
30-039-30219
10. Field and Pool
Blanco MV/Basin DK
11. County and State
Rio Arriba NM

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
2200'FSL & 1970'FEL
Sec. 35, T29N, R5W, Unit Letter J (NWSE)

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 type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Plugging Back | <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 |
| | <input checked="" type="checkbox"/> Other | |

13. Describe Proposed or Completed Operations

The construction zone needs extended by 50' for stacking overburden on the NE edge of the well pad Between corner #6 and #2. Per conversation between Danielle Courtois and Sam Jaquez.



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

Signed Kathy A. Swenson Title Construction Technician Date 5/8/07

(This space for Federal or State Office use)

APPROVED BY Dan Innes Title EP Team Lead Date 5/9/07

CONDITION OF APPROVAL, if any:

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.

NMOCD