UNITEDSTATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals

| FORMAPP | ROVED |
|------------|----------------|
| OM B No. 1 | |
| Expires: M | larch 31, 200' |

| 5. | Lease | Seria | l No. |
|----|-------|-------------|-------|
| Ν | MN | <i>I</i> 01 | 2641 |

| abandoned well. Use Form 3160 - 3 (APD) for such proposals. | | | | 27 iii 3· [] | |
|---|--|--|----------------------|---|--|
| SUBMIT IN TRIPLICATE - Other instructions on reverse side. | | | 7. If Unit of | CA/Agrectment, Name and/or No. | |
| I. Type of Well Gas Well Other | | | 8. Well Name and No. | | |
| 2. Nameof Operator | | | BLANCO 7C | | |
| ConocoPhillips Company | | 9. API Well | 9. API Well No. | | |
| 3a. Address 3b. PhoneNo. (include area code) | | | 30-045-33915 | | |
| PO BOX 4289 Farmington NM 87499 (505)326-9597 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | | 10. Field and Pool, or Exploratory Area Blanco Mesaverde/Basin Dakota | |
| 1090' NORTH 660 WEST UL: D, Sec: 35, T: 31N, R: 8W | | | 11. County | 11. County or Parish, State SAN JUAN | |
| 12. CHECK AI | PPROPRIATE BOX(ES)TO INDICAT | E NATURE OF NOTICE, | REPORT, OR | OTHER DATA | |
| TYPEOF SUBMISSION | | TYPE OF ACTION | | | |
| Notice of Intent | Acidize Deepen AlterCasing Fracture | Treat Reclamation | | Water Shut-Off Well Integrity X Other Spud report | |
| X Subsequent Report | Casing Repair Change Plans Plug and | nstruction Recomplete Abandon Temporarily | | A Other Space Teport | |
| Final Abandonment Notice | Convert to Injection Plug Bac | — · | | | |
| determined that the site is read 05/18/07 MIRU Mote #2 H-40, 32.3# ST&C csg a w/20% flyash, Drop plug next sundry. | 209. Spud well on 05/18/07 @ 09 and set @ 260'. RU to cmt. Preflut and displace w/16.8 bbl wtr. Circle RECEIVE MAY 200 OIL CONS. DIV. DI | 215 HRS. Drill 12 1/4" lush w/15 bbl wtr. Pump culated 5 bbl cmt to su | hole to 265'. | TOOH. RIH w/8 jnts 9 5/8 | |
| 14. I hereby certify that the fore Name (Printed/Typed) | going is true and correct OS61 81 (19) | | | | |
| Juanita Farrell | 1 | Title Regulatory Sp | ecialist | | |
| Signature Aut. | Famel | Date 05/23/2007 | | | |
| | THIS SPACE FOR FEDERAL | L OR STATE OFFIC | E USE | | |
| certify that the applicant holds lega which would entitle the applicant Title 18 U.S.C. Section 1001 and Tit | attached. Approval of this notice does not wantled or equitable title to those rights in the subject to conduct operations thereon. | office Office any person knowingly and willfu | illy to make to any | department or agency of the United | |
| Smiles may turbe, frethious of flauc | renew statements or representations as to any | rimiter within its jurisdiction. | <u> </u> | | |

(Instructions on page 2)