

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

Amended Plat NOI

RCVD NOV 13 '07

OIL CONS. DIV.

DIST. 3

Sundry Notices and Reports on Wells

GAS

RECEIVED**OCT 30 2007**Bureau of Land Management
Farmington Field Office

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

Unit D (NWNW), 670' FNL & 804' FWL, Sec. 22, T32N, R11W, NMPM

5. Lease Number
NMSF-078039
Tribe Name

7. Unit Agreement Name

8. Well Name & Number

9. Barnes Gas Com B #1S
API Well No.

30-045-33916

10. Field and Pool

Basin FC / WC 32N11W22D
Fruitland Sands11. County and State
San Juan 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 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	<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

☒ Other - name Change

13. Describe Proposed or Completed Operations

Previous NOIs have been submitted changing the formations and correcting leases within the dedicated acres, but we failed to officially request the name change from the Barnes Gas Com B #1A to **Barnes Gas Com B #1S**. Please ensure your records have been changed to reflect the correct well name. The correct plat should be on file with the sundry dated 5/29/07.

ACCEPTED FOR RECORD**NOV 08 2007****FARMINGTON DISTRICT OFFICE**
BY 

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

Signed Patsy Clugston Patsy Clugston Title Regulatory Specialist Date 10/30/07

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

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

NMOCD