## **UNITED STATES DEPARTMENT OF THE INTERIOR**

	REC	EIVED 2007
Submitted in lieu of Form 3160-5 (June 1990)		civen
UNITED STATES	DEC 11	200
DEPARTMENT OF THE INTERIOR	Bureau of /	<007
BUREAU OF LAND MANAGEMENT	ramington F	lana.
Sundry Notices and Reports on Wells	FORM APPROVED  Bureau of Land M  Farmington Fiel  Budget Bureau No. 1004-013	d Office
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.	Expires: March 31, 1993	
Use "APPLICATION FOR PERMIT" - for such proposals.	RCVD DEC :	1477
1. Type of Well:	5. Lease Number: OIL CONS	. DIV.
Gas	SF-078281 DIST.	3
2. Name of Operator:	6. If Indian, allottee or Tribe Nam	_
CONOCOPHILLIPS	7. Unit Agreement Name:	
3. Address and Phone No. of Operator:	8. Well Name and Number:	
P. O. Box 4289, Farmington, NM 87499	SAN JUAN 29-5 UNIT 72F	
(505) 326-9700	9. API Well No.	
4. Location of Well, Footage, Sec. T, R, U:	300392956200	
FOOTAGE: 1970' FNL & 1200' FWL	1	
S: 17 T: 029N R: 005W U: E	10. Field and Pool:  DK MV	
5. 17 1. 025/4 N. 055/4 S. E		
	11. County and State:	
	RIO ARRIBA NM	
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		
Notice of Intent Recompletion  X Subsequent Report Plugging Back	Change of Plans  New Constructio	
X Subsequent Report Plugging Back Final Abandonment Casing Repair	Non-Routine Fracturing	
Abandonment Altering Casing	Water Shut Off	
X Other - First Delivery	Conversion to Injection	
13. Describe Proposed or Completed Operations		
This well was first delivered on 12/5/2007 and produced natural gas	s and entrained hydrocarbons.	
TP: 499 CP: 330 Initial MCF:	720	
Meter No. 81977-011		
Gas Co.: WFS  14. I Hereby certify that the foregoing is true and correct.		
14. Thereby certary that the foregoing is true and correct.		
Signed Marie E/ Jaramillo Regulatory Te	Date 12/6/2007	
(This Space for Federal or State Office Use)	ACCEPTED F	OR RECORD
APPROVED BY: Title:	Date:	2007
CONDITION OF APPROVAL, if any:	DCV 1 1	- PAN
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to m false, fictitious or fraudulent statements.	nake to any department or agency of the Amedican DK	TRICT OFFICE

