

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

RCVD APR 14 '08

OIL CONS. DIV.

DIST. 3

Sundry Notices and Reports on Wells

RECEIVED
MAR 31 2008
Bureau of Land Management
Farmington Field Office

- | | |
|--|---|
| <p>1. Type of Well
GAS</p> <p>2. Name of Operator
CONOCOPHILLIPS</p> <p>3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M

Unit G (SWNE), 2220' FNL & 1770' FEL, Section 12, T29N, R06W, NMPM</p> | <p>5. Lease Number
NM - 012698</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name
San Juan 29-6 Unit</p> <p>8. Well Name & Number
San Juan 29-6 Unit 22N</p> <p>9. API Well No.

30-039-29757</p> <p>10. Field and Pool
Blanco MV/Basin DK</p> <p>11. County and State
Rio Arriba Co., NM</p> |
|--|---|

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

Type of Submission	Type of Action
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment <input type="checkbox"/> Change of Plans <input checked="" type="checkbox"/> Other - Spud
<input checked="" 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

03/28/08 MIRU Mote 211. Spud 12 1/4" surface hole @ 11:45hrs on 03/28/08. Drill ahead to 237'. Circ hole. RIH w/7jts 9 5/8" 32.3# H-40 ST&C csg & set @ 200'. Circ. Pumped in preflush 10bbls MF. Pumped in 75sx (120cf-21bbl) Type III cmt w/20% Flyash. Drop plug & displaced w/13.4bbl of H2O. Circ 3bbls cmt to surface. WOC, BOP, RR @ 18:00hrs on 03/28/08.

PT will be conducted by the drilling rig & recorded on the next report. ✓

APD ROW

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

Signed Jamie Goodwin Jamie Goodwin Title Regulatory Technician Date 03/28/08

(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

NMOCB

