Submit 3 Copies To Approp District Office District I	riate State of New I Energy, Minerals and N		Form C-103 June 16, 2008	
1625 N. French Dr., Hobbs, NM 8			WELL API NO. 3003929599	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM	60210	1220 South St. Francis Dr.		
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 8	7410			
District IV 1220 S. St. Francis Dr., Santa Fe, N	Santa Fe, NM	Santa Fe, NM 87505		
87505		E-347-47		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		7. Lease Name or Unit Agreement Nam SAN JUAN 31-6 UNIT	e 	
PROPOSALS.) 1. Type of Well: Oil Well	☐ Gas Well ☑ Other		8. Well Number 38G	
2. Name of Operator CONOCOPHILLIPS			9. OGRID Number 217817	
3. Address of Operator	COMPAINI		10. Pool name or Wildcat	
P.O. BOX 4289, FARM	IINGTON NM 87499		BLANCO MESAVERDE	
4. Well Location				
	1905' feet from the FNL			
Section 02	Township 030N Range		RIO ARRIBA County NM	MOANS
a. I was	6390 ' GR	ЭК, ККВ, К1, GK, etc. 		
12. Cl	neck Appropriate Box to Indicate	Nature of Notice,	Report or Other Data	
NOTICE (OF INTENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DE PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMEN				
PULL OR ALTER CASING	☐ MULTIPLE COMPL ☐	CASING/CEMEN	I JOB []	
OTHER:		OTHER:	RE-DELIVERY 09/30/09 ⊠	
of starting any propo or recompletion.	osed work). SEE RULE 1103. For Mul	tiple Completions: A	d give pertinent dates, including estimated ttach wellbore diagram of proposed comple	
This well was shut in due to 7 2,182.	ΓA Dakota and flowing as MV Standalo	one. It was re-delivere	d on <u>09/30/09</u> produced an initial MCF of	
,				
TP: 483 CP: 483	Initial MCF: 2,182		80. 6 ADM GASS	
Meter No.: 83891			OIL CONS. DIV. DIST. 3	
Gas Co.: WFS			22000	
Project Type: REDELIVE	RY			
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I howaby cortify that the inform	nation/above is thue and complete to the	hoot of my knowlede	o and haliaf	
i hereby certify that the inform	hadronyabove is the and complete to the	coest of my knowledg	ge and benefi.	
SIGNATURE W	9/Way D TITLE_	Staff Regulatory Tech	nDATE11/02/09	
	E. Jaramillo E-mail address: n	narie.e.jaramillo@Cor	nocoPhillips.com PHONE:505-326-986	5
For State Use Only	\checkmark			
APPROVED BY: ACCEPTED	d for record TITLE		DATE	
Conditions of Approval (if an	y):()		,	