

RECEIVED

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

APR 09 2010

Bureau of Land Management  
Farmington Field Office

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator <b>ConocoPhillips</b></p> <p>3. Address &amp; 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 F (SENW), 1815' FNL &amp; 2159' FWL, Section 1, T30N, R6W, NMPM</p>	<p>5. Lease Number SF-079401</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name San Juan 31-6 Unit</p> <p>8. Well Name &amp; Number San Juan 31-6 Unit 40M</p> <p>9. API Well No. 30-039-30896</p> <p>10. Field and Pool Blanco MV / Basin DK</p> <p>11. County and State Rio Arriba, 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 checked="" type="checkbox"/> Other -- Spud Report
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging	
	<input type="checkbox"/> Casing Repair	
	<input type="checkbox"/> Altering Casing	
	<input type="checkbox"/> Change of Plans	
	<input type="checkbox"/> New Construction	
	<input type="checkbox"/> Non-Routine Fracturing	
	<input type="checkbox"/> Water Shut off	
	<input type="checkbox"/> Conversion to Injection	

RCVD APR 13 '10  
OIL CONS. DIV.  
DIST. 3

13. Describe Proposed or Completed Operations

04/07/2010 MIRU AWS 730. Spud w/ 12 1/4" bit @ 4:30hrs on 4/8/10. Drilled ahead to 243'. Circ. hole & RIH w/ 5jts, 9 5/8", 32.3#, H-40 ST&C set @ 233'. RU to cmt. Pre-flush w/ 20bbbs FW. Pumped 169sx (216cf-38bbbs) Type III cmt w/ 3% CACL2, .25pps celloflake. Drop plug & displaced w/ 15bbbs FW. Bump plug. Circ. 14bbbs cmt to surface. ✓WOC. RD cmt.

PT will be conducted by Drilling Rig. Results will appear on next report. ✓

APD/ROW

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

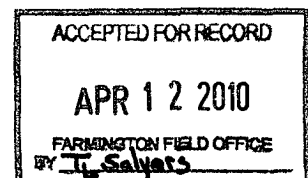
Signed Crystal Tafoya Crystal Tafoya Title Regulatory Technician Date 4/9/2010

(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

4/16