

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals	
SUBMIT IN TRIPLICATE	
1. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF 079321A
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. 06
3. ADDRESS AND TELEPHONE NO. P.O. Box 2197, DU 3066, Houston, TX 77252-2197 (281) 293-1613	7. IF UNIT OR CA. AGREEMENT DESIGNATION San Juan 28-7 Unit
4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description) 1550' FNL & 1750' FEL, UNIT LETTER "G", Sec. 01, T27-R7W	8. WELL NAME AND NO. San Juan 28-7 Unit #183
	9. API WELL NO. 30-039-20721
	10. FIELD AND POOL, OR EXPLORATORY AREA Blanco MV/Basin DK
	11. COUNTY OR PARISH, STATE Rio Arriba County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR 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"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<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
	<input checked="" type="checkbox"/> Other: Check for fill	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1/20/00 Road unit to location. Spot equip and rig. RU. Bleed well down and pump 30 bbls down csg. ND wellhead and NU BOP. PU 4 jts 2 3/8" tbg, TIH and TFF. No fill detected. POOH and lay down pipe. ND BOP and NU wellhead. RU swab, RIH and attempt to swab well in. Fluid level @ 4500', swabbed down to 6000'. Secured well for the night.

1/21/00 265# CSG, 150# TBG. Bleed down tbg and swab on well. Kicked well off, flow for 1 hr. RD and prep to move to SJ 28-7 #231E.



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

SIGNED Verla Johnson TITLE VERLA JOHNSON, As Agent for Conoco Inc. DATE 2-3-00
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

* See Instruction on Reverse Side

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