

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMSF078999	
2. Name of Operator PHILLIPS PETROLEUM COMPANY		6. If Indian, Allottee or Tribe Name	
3a. Address 5525 HWY. 64 FARMINGTON, NM 87401		7. If Unit or CA/Agreement, Name and/or No. NMNM78421A & B	
3b. Phone No. (include area code) Ph: 505.599.3454 Fx: 505-599-3442		8. Well Name and No. SJ 31-6 UNIT 25	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T31N R6W Mer NENE 1000FNL 1020FEL		9. API Well No. 30-039-23169	
		10. Field and Pool, or Exploratory BASIN DAKOTA AND BLANCO MV	
		11. County or Parish, and State RIO ARRIBA COUNTY, NM	

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Phillips is planning on adding the MV interval and commingling DK/MV production on the well. Details of the workover are as follows:

MIRU. ND WH & NU BOP. COOH w/tubing. RIH & set CIBP above DK perforations. PT casing to 500 psi. Remediate with cement if necessary. Run GSL. Perforate & stimulate MV intervals. Flowback, cleaning out to CIBP. Drill out CIBP & clean out to PBTD. RIH w/tubing and return well to production as comingled. The commingle application with the Dakota forecast will be mailed today and plans are to commingle per DHC Order 11363.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #5323 verified by the BLM Well Information System For PHILLIPS PETROLEUM COMPANY, sent to the Farmington Committed to AFMSS for processing by Maurice Johnson on 07/08/2001 ( )</b>	
Name (Printed/Typed) PATSY CLUGSTON	Title AUTHORIZED REPRESENTATIVE
Signature	Date 06/27/2001

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <u>/s/ Jim Lovato</u>	Title	Date <u>AUG - 6</u>
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

**District I**  
**1625 N. French Dr., Hobbs, NM 88240**

## District II

811 South First, Artesia, NM 88210

### District III

1000 Rio Brazos Rd., Aztec, NM 87410

### District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

**State of New Mexico**  
**Energy, Minerals & Natural Resources Department**

Form C-10  
Revised August 15, 200

**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Submit to Appropriate District Office  
State Lease - 4 Copie  
Fee Lease - 3 Copie

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-039-23169		2 Pool Code 72319		3 Pool Name Blanco Mesaverde	
4 Property Code 009259		5 Property Name San Juan 31-6 Unit			6 Well Number #25
7 OGRID No. 017654		8 Operator Name Phillips Petroleum Company			9 Elevation 6485' GL

## <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	33	31N	6W		1000	North	1020	East	Rio Arriba

<sup>11</sup> Bottom Hole Location If Different From Surface

U/L, or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A									
<sup>12</sup> Dedicated Acres	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code		<sup>15</sup> Order No.					
320 E/2	Y	U							

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16		1000'	
	SF-078999		1020'
	SECTION 33		

**17 OPERATOR CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*Patsy Clugston*

Signature \_\_\_\_\_

**Patsy Clugston**

Printed Name \_\_\_\_\_

**Sr. Regulatory/Proration Clerk**

Title \_\_\_\_\_

**June 27, 2001**

Date \_\_\_\_\_

**18 SURVEYOR CERTIFICATION**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

**see original C102 dated**

Date of Survey **10/19/82**

Signature and Seal of Professional Surveyor: \_\_\_\_\_

**Original survey done by**

**Fred B. Kerr Jr.**

**on October 18, 1982**

**3950**

Certificate Number \_\_\_\_\_

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 PROPOSALS.)		WELL API NO. <b>30-039-23169</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>Phillips Petroleum Company</b> <b>017654</b>		6. State Oil & Gas Lease No. <b>Federal Lease - SF-078999</b>
3. Address of Operator <b>5525 Highway 64, NBU 3004, Farmington, NM 87401</b>		7. Lease Name or Unit Agreement Name: <b>San Juan 31-6 Unit</b>
4. Well Location Unit Letter <b>A</b> : <b>1000</b> feet from the <b>North</b> line and <b>1020</b> feet from the <b>East</b> line Section <b>33</b> Township <b>31N</b> Range <b>6W</b> NMPM County <b>Rio Arriba</b>		8. Well No. <b>SJ 31-6 Unit #25</b>
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>6499' GL</b>		9. Pool name or Wildcat <b>Basin DK - 71599; Blanco MV - 72319</b>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <b>DHC application</b> <input checked="" type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Plans are to add the MV to this well and commingle MV/DK. We would like to commingle per DHC Order 11363. The Dakota forecast is as follows (mcf/month):

1st month - 3804	2nd month - 3767	3rd month - 3732	4th month - 3696
5th month - 3661	6th month - 3626	7th month - 3592	8th month - 3559
9th month - 3525	10th month - 3492	11th month - 3460	12th month - 3428

Production will be reported using the subtraction method for 12 months and then we will convert to the ratio method for the life of the well. The Mesaverde perms will be between 5450' - 5980' and the pore pressure is 1200 psi. The Dakota perms are between 7922' - 7978' and the pore pressure is 1550 psi. The original reference case where partner notification was made was R-11188. The BLM will also receive a copy of this DHC application.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Patsy Clugston* TITLE Sr. Regulatory/Proration Clerk DATE 6/27/01

Type or print name Patsy Clugston Telephone No. 505-599-3454

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of approval, if any: