

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SE-078995	
2. NAME OF OPERATOR Phillips Petroleum Company		6. INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 5525 Hwy 64 NBU 3004, Farmington, NM 87401		7. UNIT AGREEMENT NAME San Juan 31-6 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit K, 1535' FSL & 1610' FWL		8. FARM OR LEASE NAME	
14. PERMIT NO. 30-039-245221		9. WELL NO. 225	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6220' KB		10. FIELD AND POOL, OR WILDCAT Basin Fruitlnad Coal	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T31N, R6W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input checked="" type="checkbox"/>	(Other) Temp Abandonment <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. 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.)

The San Juan 31-6 Unit Well No. 225 was shut-in on 5/14/90 and is ~~temporarily abandoned~~ *will be converted* pending conversion to a pressure observation well. *The #225 R San Juan 31-6 Unit well replaces this well.*

RECEIVED
JUL 11 1991
OIL CON. DIV
DIST. 3

RECEIVED
JUL 15 1991
OIL CON. DIV
DIST. 3

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

SIGNED *J. E. Robinson* *for L.E.R.*

TITLE Sr. Drlg. & Prod. Engr.

DATE 7-8-91

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

JUL 09 1991

AREA MANAGER

*See Instructions on Reverse Side