|  |   | T OF THE INTERIOR  | Budget Bureau No. 1004-0135<br>Expires: March-31, 1993  |
|--|---|--|---|
| BUREAU OF LAND MANAGEMENT  |   |  | 5. Lease Designation and Serial No.   |
| SI   | SF-079381                               |  |   |
| Do not use this form   | 6. If Indian, Allonee or Tribe Name     |  |   |
| Use  | /···                                    |  |   |
| SUBMIT IN TRIPLICATE   |   |  | 7. If Unit or CA, Agreement Designation   |
| 1. Type of Well Oil Well Well Well Oil Well  | San Juan 32-8 Unit 8. Well Name and No. |  |   |
| 2. Name of Operator  | 203                                     |  |   |
| Phillips Petrole   | 9. API Well No.                         |  |   |
| 3. Address and Telephone No.   | 30-045-28720                            |  |   |
| 5525 Hwy 64 NBU 3  4. Location of Well (Foouge, Sec  | 10. Field and Pool, or Exploratory Area |  |   |
| 1833' FNL & 1805' FEL  |   |  | Basin Fruitland Coal  11. County or Parish, State   |
| Section 33, T32N, R8W  |   |  | 11. County of Parish, State   |
|  |   | 0.10.00.75.00.5  | San Juan, NM  |
|  | · · · · · · · · · · · · · · · · · · ·   | O INDICATE NATURE OF NOTICE, REP   | ORT, OR OTHER DATA  |
| TYPE OF SUBI   | MISSION                                 | TYPE OF ACTIO  | DN  |
| Notice of Inten  | •                                       | Abandonment  | Change of Plans   |
| ( <del>.</del>   |   | Recompletion   | New Construction  |
| Subsequent Rep   | non                                     | Plugging Back  | Non-Routine Fracturing  |
| Final Abandoni   | ment Notice                             | Casing Repair Altering Casing  | Water Shut-Off  |
| The Adridon  | icii rocci                              | Other  | Conversion to Injection   |
|  |   |  | Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| the above named we   | ell. Previous oper                      | OIL C  | 2 3 1981<br>2 3 1981<br>2 3 1981<br>2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| 14. I hereby pertify that the foregoing  | g is true and correct                   |  |   |
| Signed Signed  | My                                      | TitleDrilling Supervisor   | Date12-16-92  |
| (This space for Federal or State   | office use)                             | •  |   |
| Approved by  | *************************************** | ABAB SESOURCE AREA OUR SERVICE OUR SERVICE OUR SERVICE OUR SERVICE OUR SERVICE OF THE SERVICE OF | Date  |
| Title 18 U.S.C. Section 1001, makes or representations as to any matter w  | ik a crime for any person knowin        | ry and willfully by make they department of affercy of the Unit  | CCEPTED FOR RECORD of States any false, fictitious or fraudulent statements   |
| The second secon |   |  | DEC 17 1992   |
|  |   | BIODE INFORMATION OF STATE OF  | FARMINGTON RESOURCE ARE/.   |

FARMINGTON RESOURCE ARE/: