Form 3160-5 (June 1990)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

| FORM APPROVED |         |       |        |  |
|---------------|---------|-------|--------|--|
| Budget Bur    | eau No. | 1004  | F-0135 |  |
| Expires:      | March 3 | 31, 1 | 993    |  |

| BUREAU OF L   | 5. Lease Designation and Serial No.  |   |  |
|---|--|---|--|
| SUNDRY NOTICES AN  Do not use this form for proposals to drill o  | SF - 079341 6. If Indian, Allottee or Tribe Name   |   |  |
|   | IN TRIPLICATE  | 7. If Unit or CA, Agreement Designation   |  |
| 1. Type of Well Oil X Gas Well Other  | EE (100 305)   | San Juan 32 Fed Com 22  8. Well Name and No.  |  |
| Name of Operator     Phillips Petroleum Company     Address and Telephone No.  FEGE Uight Cov. 64 APRIL 2004 Formington                             | MAR 2000<br>RECENO<br>OIL CON  | SJ 32 Fed 22 #2<br>9. API Well No.<br>30-045-29788  |  |
| 5525 Highway 64, NBU 3004, Farmingt 4. Location of Well (Footage, Sec., T., R., M., or Survey De Unit N, 909' FSL & 1583' FWL Section 22, T32N, R9W |  | 10. Field and Pool, or exploratory Area  Basin Fruitland Coal  11. County or Parish, State  San Juan NM   |  |
| 12. CHECK APPROPRIATE BOX(s   | ) TO INDICATE NATURE OF NOTICE, REPORT,  | OR OTHER DATA   |  |
| TYPE OF SUBMISSION  | TYPE OF ACTION   |   |  |
| Notice of Intent  Subsequent Report  Final Abandonment Notice   | Abandonment Recompletion Plugging Back Casing Repair Altering Casing X Other PCP Pump Change   | Change of Plans  New Construction  Non-Routine Fracturing  Water Shut-Off  Conversion to Injection  Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |  |
| give subsurface locations and measured and true verti   | pertinent details, and give pertinent dates, including estimated date of startin ical depths for all markers and zones pertinent to this work.)*  n replaced with another. Details on the new or starting the starting of the new or starting the starting that is a starting to the new of th | g any proposed work. If well is directionally drille  |  |

- 1. Progressive Cavity Pump (stator) set with the top @ 3488'.
- 2. 2 7/8" tubing EOT @ 3531'.
- 3. Rotor set with 131 (7/8"). 2 Subs & 1 Polish rod.

| 14. I hereby certify that the foregoing is trickland correct | Title Regulatory Assistant  | Date 3/6/00  |
|--|---|--|
| (This space for Federal or State office use)                 |   |  |
| Approved byConditions of approval, if any:                   | Title   | Date   |
|  | person knowingly and willfully to make to any department or agency of the | b United States any false, fictitious or fraudulent statements |
| or representations as to any matter within its jurisdiction  |   | AD SOME  |