Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS 345 Am		5. Lease Serial No.
		SF-079341
Do not use this form for proposals to drill or to re-e abandoned well. Use Form 3160-3 (APD) for such		6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on		7. If Unit or CA/Agreement, Name and/or No.
I. Type of Well Oil Well X Gas Well Other	DIST. 3	San Juan 32 Federal 22 8. Well Name and No.
2. Name of Operator	Elegan of 1	SJ 32 Fed 22 #1
Phillips Petroleum Company	66.81	9. API Well No.
3b. Phone No. (include area code) 5525 Highway 64, NBU 3004, Farmington, NM 87401 505-599-3454		00 010 00E31
Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit &, 1593' FNL & 1610' FEL	303 333 3131	Basin Fruitland Coal
Section 22, T32N, R9W		11. County or Parish, State San Juan, NM
12. CHECK APPROPRIATE BOX(ES) TO INDI-	CATE NATURE OF NOTICE R	
TYPE OF SUBMISSION	TYPE OF A	CTION
Notice of Intent Acidize	Deepen P	Production (Start/Resume) Water Shut-Off
Alter Casing	Fracture Treat	Reclamation Well Integrity
Subsequent Report Casing Repair	New Construction	Recomplete X Other
Final Abandonment Notice Change Plans	Plug and Abandon T	Temporarily Abandon Spud Report
Convert to Injection	Plug Back V	Water Disposal
9/12/00 MIRU Key Energy #53. Spud 12-1/4" hole @ COOH. RIH w/9-5/8", 32.3#, K-55 casing and set @ 10 bbls water spacer w/red dye. Then pumped 105 s 1/4#/sx Cello-flake. Dropped plug & displaced w/1 NU WH & BOP. PT BOP & casing to 200 # - 3 minutes	235'. RU BJ to cement sx (143.2 - 25.5 bbl sl L5.5 bbls FW. Circ. 5	t. Pumped 10 bbls mud clean and lurry)Type 3 cement w/2% CaCl2 & bbls to surface. WOC.
ADD (DOM DDG	WESS.	
APD/ROW PRO		
14. I hereby certify that the foregoing is true and correct Name (Printed Typed)	Title	
14. I hereby certify that the foregoing is true and correct	Title Sr. Rec	gulatory/Proration Clerk
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Patsy Clugston	Title Sr. Rec	gulatory/Proration Clerk ACCEPTED FOR RECOR
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Patsy Clugston THIS SPACE FOR FEDE	Title Sr. Rec	gulatory/Proration Clerk ACCEPTED FOR RECOR
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Patsy Clugston	Title Sr. Reg Date 10/11/00 RAL OR STATE OFFICE U Title Tant of Office	gulatory/Proration Clerk ACCEPTED FOR RECOR