

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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. NMSF 078995	
2. Name of Operator CONOCOPHILLIPS CO.		6. If Indian, Alottee or Tribe Name	
3a. Address P.O. BOX 2197 WL3 6108 HOUSTON, TX 77252		7. If Unit or CA/Agreement, Name and/or No.	
3b. Phone No. (include area code) Ph: 832.486.2326 Fx: 832.486.2764		8. Well Name and No. SAN JUAN 31-6 UNIT 39E	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 28 T31N R6W SESE 798FSL 1184FEL		9. API Well No. 30-039-25294	
		10. Field and Pool, or Exploratory BASIN DAKOTA/BLANCO MESAVERI	
		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 checked="" type="checkbox"/> Recomplete	<input 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 recompleate 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 recompleation 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.)

ConocoPhillips requests approval to recompleate this well to the Blanco Mesaverde and downhole commingle with the Basin Dakota in this well. Attached is our procedure and copy of application submitted to the NMOCD for DHC approval.

CONDITIONS OF APPROVAL
Adhere to previously issued stipulations.*DHC 1510 AZ*

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #31177 verified by the BLM Well Information System For CONOCOPHILLIPS CO., sent to the Farmington Committed to AFMSS for processing by MATTHEW HALBERT on 07/08/2004 ()	
Name (Printed/Typed) DEBORAH MARBERRY	Title SUBMITTING CONTACT
Signature (Electronic Submission)	Date 05/26/2004

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <i>MR. [Signature]</i>	Title <i>Pet. Eng.</i>	Date <i>7/8/04</i>
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 any false statement or representation to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****



'Our work is never so urgent or important that we cannot take time to do it safely.'

San Juan Workover Procedure San Juan 31-6 #39E

Objective : To perforate and stimulate the Mesa Verde, DHC with existing Dakota production, and install plunger lift.

PROCEDURE:

1. Notify operator (Mike Kester-505-486-1137) of plans to move on the well.
 2. Test anchors prior to moving on location. Last known date of rig work: May 1994
 2. Ensure that well is shut in, energy isolated, locked and tagged out; Cathodic protection disconnected. Record SI tbg; SI csg; Braidenhead pressures.
 2. Hold pre-job Safety Meeting.
 3. MI & RU WO rig.
 4. If necessary, kill well w/ 2% KCL water (contingent on Category designation of well; refer to COPC well control manual). ND wellhead and NU BOPE. (refer to COPC well control manual, Sec 6.13). This well is a class 2, category 2 well.
 5. Install BPV.
 6. ND wellhead and NU BOPE. (refer to COPC well control manual) Test BOPE.
 7. Remove BPV.
 8. Pick up tubing hanger and tubing, add 8 joints of tubing and tag bottom for fill (PBTD 8100').
Note: CIBP is set over a lost perf gun.
 9. TOOH with tubing, standing back. Inspect tubing and replace any bad or crimped joints.
 10. RIH with CIBP. Set CIBP at +/- 6500'. Dump 5'-10' sand on top of CIBP. Trip out of hole with setting tool, leading well from the bottom up.
 11. RU and install isolation tool.
 12. Test casing and plug to 4300#. Verify maximum pressure to be seen during stimulation.
 13. If casing doesn't test, isolate leak and contact Houston for squeeze recommendation.
- TRANSITION TO COMPLETION ENGR PROCEDURE**
14. Perf , stimulate, and flowback as per Lucas Bazan's procedure.
- TRANSITION BACK (after flowback):**
15. Following clean up and flow back, complete a stabilized, 4 hour C-104 test. Submit results to Debbie Marberry (832) 486-2326 or Yolanda Perez (832) 486-2329.
 16. RIH with workstring and mill and mill out CIBP at 6500'.

17. If fill was present in step 6, clean out to PBTD at 8100'.
18. POOH with mill and workstring.
19. Run in with 1.81" Baker F profile nipple, 2 3/8" tubing and land at +/- 7965'. Do not run a joint below the nipple. Drift tubing slowly as running in hole with a 1.901" x 24" diameter drift bar, replicating a plunger run. This well is to be equipped for plunger lift operations and it is imperative to have good tubing drift.
20. Install BPV.
21. NDBOPE and NUWH.
22. Remove BPV.
23. RD MO rig.
24. Turn well over to production. Notify Mike Kester, MSO. Cell # 505-486-1137.
25. Notify Ben Landry (505) 599-2324 and Harry Dee (505) 599-3412 to install plunger lift equipment.
26. Notify cathodic protection personnel after job is complete so cathodic protection equipment can be re-activated. Ensure pit closures done.

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., 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 and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102
Revised June 10, 2002

WELL API NO. 30-039-25294

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
SAN JUAN 31-6 UNIT

8. Well Number

39E

OGRID Number

217817

10. Pool name or Wildcat

BASIN DAKOTA/BLANCO MESAVERDE

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

CONOCOPHILLIPS CO.

3. Address of Operator P.O. BOX 2197 WL3 6108 HOUSTON TX 77252

4. Well Location

Unit Letter P : 798 feet from the SOUTH line and 1184 feet from the EAST line

Section 28

Township 31N

Range 6W

NMPM

County RIO ARRIBA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6495 GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: DHC ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

13. 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.

In reference to Order #R-11363 ConocoPhillips proposes to downhole commingle in the Basin Dakota and Blanco Mesaverde

Perforations are:

Blanco Mesaverde - to be determined by log

Basin Dakota 7957 - 8054

Allocation will be by test.

Commingling in this well will not reduce the value of the remaining production.

BLM has been notified of our intent.

In reference to Order #R11188- interest owners were not notified.

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

SIGNATURE Deborah Marberry TITLE REGULATORY ANALYST DATE 05/26/2004

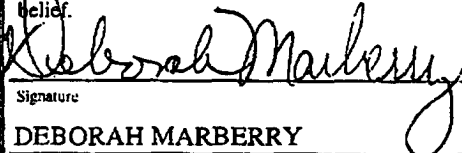
Type or print name DEBORAH MARBERRY

E-mail address: deborah.marberry@conocophillips.com Telephone No. (832)486-23

(This space for State use)

APPROVED BY [Signature] TITLE DEPUTY OIL & GAS INSPECTOR, DIST. IV DATE MAY 27 2004

Conditions of approval, if any:

16				17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature DEBORAH MARBERRY Printed Name REGULATORY ANALYST deborah.marberry@conocophillips.com Title and E-mail Address 05/26/2004 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.
				Date of Survey Signature and Seal of Professional Surveyor:
				Certificate Number

798'

1184'