UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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.

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

Expi	res: November 3	0
Lease Serial	No.	_

Э.	NMSF078459
6.	If Indian, Allottee or Tribe Name

SUBMIT IN TRI	PLICATE - Other instructions	on reverse side.	NMNM78423	A	
1. Type of Well	OOAL DED METUANE		8. Well Name and N SAN JUAN 32-		
Oil Well Gas Well Oth Oth Name of Operator		SYCLUGSTON	9. API Well No.	7 01111 2007	
CONOCOPHILLIPS COMPAN		l: plclugs@ppco.com	30-045-31400)-00-X1	
^{3a.} Address PO BOX 2197 WL3 4066 HOUSTON, TX 77252	Phone No. (include area code) 505.599.3454 505-599-3442		10. Field and Pool, or Exploratory BASIN FRUITLAND COAL		
4. Location of Well (Footage, Sec., T	., R., M., or Survey Description)	***	11. County or Paris	11. County or Parish, and State	
Sec 22 T32N R7W SWNW 27 36.96667 N Lat, 107.55890 W		SAN JUAN C	OUNTY, NM		
12. CHECK APPR	ROPRIATE BOX(ES) TO IND	DICATE NATURE OF 1	NOTICE, REPORT, OR OTH	ER DATA	
TYPE OF SUBMISSION		TYPE OF	FACTION		
Notice of Intent	☐ Acidize	Deepen	Production (Start/Resume)	Water Shut-Off	
_	☐ Alter Casing	Fracture Treat	☐ Reclamation	☐ Well Integrity	
☐ Subsequent Report	☐ Casing Repair	■ New Construction	Recomplete	Other	
Final Abandonment Notice	☐ Change Plans	Plug and Abandon	☐ Temporarily Abandon	_	
	☐ Convert to Injection	□ Plug Back	☐ Water Disposal		
Pictured Cliffs formation. Plans are to have a mudlogge run and faxed to BLM for their gas is encountered in the proc	eepen the subject well to allow or on site to verify that PC gas in verification. The maximum de cess, we will plug back to the b	sn't encounterd and mue	d logs will be	76 6 70 100 100 100 100 100 100 100 100 100	
14. I hereby certify that the foregoing is	Electronic Submission #21372 For CONOCOPHILLIPS	S COMPANY sent to the	Farmington		
	nmitted to AFMSS for processing	g by Adrienne Garcia on (05/05/2003 (03AXG1120SE)		
Name (Printed/Typed) PATSY CL	LUGSTON	Title AUTHO	RIZED REPRESENTATIVE		
Signature (Electronic S	ubmission)	Date 05/02/20	003		
	THIS SPACE FOR FE	DERAL OR STATE (OFFICE USE		
Approved By /s/ Chip	Harradon	Title		MAY - 5 2003	
Conditions of approval, if any, are attached	d. Approval of this notice does not wa	errant or			
ertify that the applicant holds legal or equivalent would entitle the applicant to condu	uitable title to those rights in the subject	ot lease Office			
Fitle 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s	U.S.C. Section 1212, make it a crime tatements or representations as to any	for any person knowingly and matter within its jurisdiction.	willfully to make to any department	or agency of the United	