Forum 3160-5	
(August 1999)	

UNITED STATES

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 200

(August 1999)		PARTMENT OF THE II UREAU OF LAND MANA	OMB NO. 1004-0135 Expires: November 30, 2000			
i l ai	SUNDRY Do not use thi	NOTICES AND REPO is form for proposals to ii. Use form 3160-3 (API	RTS ON WELLS drill or to re-enter an	SEP SA	5. Lease Serial No. NMSF080377 6. If Indian, Allottee of	Tribe Name
S	UBMIT IN TRII	PLICATE - Other instruc	ctions on reverse side.	902	7. If Unit or CA/Agree NMNM78416B	ment, Name and/or No.
1. Type of Well Oil Well	Gas Well 🔲 Oth		(a)		8. Well Name and No. SJ, 29-6 35	
2. Name of Operator CONOCOPHIL	LIPS COMPAN	Contact:	DEBORAH MARBERRY E-Mail: deborah.marberry@coho 3b. Phone No. (include area code)	الشلط الله الله الله الله الله		
3a. Address PO BOX 2197 N HOUSTON, TX	77252		10. Field and Pool, or BASIN DAKOTA BLANCO MESA	VERDE		
	6W SWSW 08	T., R., M., or Survey Description 390FSL 1090FWL / Lon	n)		11. County or Parish, a	
12.	CHECK APPI	ROPRIATE BOX(ES) TO	O INDICATE NATURE OF N	NOTICE, RE	PORT, OR OTHE	R DATA
TYPE OF SUB	MISSION		TYPE OF	FACTION		
Notice of Inter		☐ Acidize ☐ Alter Casing ☐ Casing Repair	☐ Deepen ☐ Fracture Treat ☐ New Construction	☐ Production ☐ Reclama ☐ Recomple		☐ Water Shut-Off ☐ Well Integrity ☐ Other
Final Abandon	nment Notice	Change Plans Convert to Injection	☐ Plug and Abandon ☐ Plug Back	_	rily Abandon	
If the proposal is to Attach the Bond un following completi testing has been co determined that the	o deepen direction nder which the wo on of the involved impleted. Final Al e site is ready for f	ally or recomplete horizontally, rk will be performed or provide I operations. If the operation re bandonment Notices shall be find in al inspection.)	nt details, including estimated startin give subsurface locations and measu the Bond No. on file with BLM/BIA sults in a multiple completion or reco led only after all requirements, includ-	ared and true ver A. Required sub completion in a n ding reclamation	rtical depths of all pertir sequent reports shall be ew interval, a Form 316	ent markers and zones. filed within 30 days 0-4 shall be filed once
			well as per the attached proce			

attached is our application to the NMOCD. This well is currently a dual completion.

DHC 1525AZ

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For CONOCOPHILLIPS C	rified by the BLM Well Information System OMPANY, sent to the Farmington ATTHEW HALBERT on 09/13/2004 (04MXH1997SE)					
Name (Printed/Typed) DEBORAH MARBERRY	Title SUBMITTING CONTACT					
Signature (Electronic Submission) THIS SPACE FOR FEDI	Date 06/21/2004 ERAL OR STATE OFFICE USE					
TITIO OI AGE I GIVI EDI	EIGHE ON STATE STITIOE SOE					
Approved By Jun lovals	Title Patr. Eng 9 14/04					
Conditions of approval, if any, are attached. Approval of this notice does not warrancertify that the applicant holds legal or equitable title to those rights in the subject lewhich would entitle the applicant to conduct operations thereon.	nt or asse 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 to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

ConocoPhillips

San Juan Workover Procedure

WELL: San Juan 29-6 # 35 (MV/DK)
WELL DATA

API #: 3003982386

Location: Sec/Tn/Rg: Sec 15(N), T-29N, R-6W

Lat:36deg 43' 14.6964"N Long: 107deg 27' 18.0072" W

Elevation: GLM:6440' KBM:6453'

TD: 7853'

PBTD: 7815'

Perforations: MV – (5180-5662) ----- DK- (7688'-7790')

Existing Casing, Tubing and Packer Information

	OD (in)	Depth (ft)	ID (inches)	Weight (#/ft)	Grade	Burst (psi)	Collapse (psi)	Cmt top
Surface	13-3/8	303	12.715	48				
Intermediate	9-5/8	3580	80921	36				
Production	7	7521	6.366	23				
Production Liner	5	7853	4.408	15				
Tubing –(MV)	2-3/8	5605	1.995	4.7	J-55	7700	8100	
Tubing –(DK)	2-3/8	7746	1.995	4.7	J-55	7700	8100	
Packer	7	7125	3.250	1	84-32	'''		

Artificial lift on well: Stop Clock

PROCEDURE:

All plunger lift equipment will be removed from the tubing, before the scheduled rig arrival. If plunger lift equipment cannot be removed, a wireline slip stop will be set above equipment, to make sure equipment cannot come to surface, while working tubing string.

Ensure that well is shut in, energy isolated, locked and tagged out; Cathodic protection disconnected. Record SI tbg; SI csg: Braidenhead pressures.

- 1. Hold pre-job Safety Meeting. Check anchors for recent inspection.
- 2. MI RU workover rig.
- 3. 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).
- 4. RU air/foam unit, lay blow down lines to flow back tank, and anchor.
- 5. RU air/foam unit to MV string. PU and RIH with 49 Jts. tubing, cleaning out possible fill over packer. Top of Mod D packer at 7125'. RD air/foam.

- 6. POOH with short string and work pipe, laying down.
- 7. POOH with long string, standing back. LD seal assembly. Inspect for holes, corrosion, crimps, and scale. Save sample of scale. Replace all bad joints. The bottom 728' (23 Jts.) will be replaced with FL-4S threaded tubing.
- 8. PU Baker F nipple 1.81" ID (threaded FL-4S on top), 26 joints 2-3/8" FL-4S threaded tubing, (Top will be X-over Joint, FL-4S thread one end only), Continue RIH with 2-3/8", EUE, 4.7#, J-55 tubing, to tag fill or PBTD,(7815'). Rabbit tubing with 1.901" diameter drift bar adhere to attached Tubing Drift Check Procedure.
- 10. If fill is tagged above 7790' KB, RU air/foam and clean out to PBTD. RD air package. Pull up hole to land tubing at 7690' 1/4.
- 11. ND BOP. NU WH.

9.

- 12. RU to swab. Swab well in. * Do not extend rig stay > ½ day for swabbing.
- 13. RD MO rig. Turn well over to production. Notify Operator. Lynn Hoppe 505-486-1919
- 14. 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	State of New Mexico	Form C-103			
District I Er	WELL API NO.				
1625 N. French Dr., Hobbs, NM 88240 District II	30-039-82386				
1301 W. Grand Ave., Artesia, NM 88210 Clistrict III	1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION				
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.			
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	1220 S. St. Francis Dr., Santa Fe, NM				
SUNDRY NOTICES AN (DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION I PROPOSALS.)		7. Lease Name or Unit Agreement Name SAN JUAN 29-6 UNIT			
1. Type of Well: Oil Well Gas Well X Other		8. Well Number 35			
2. Name of Operator CONOCOPHILLIPS CO).	9. OGRID Number 217817			
3. Address of Operator	.3 6108 HOUSTON TX 77252	10. Pool name or Wildcat			
	20 0100 1100 01 01 1 1 1 1 1 2 2 2 2 2 2	BASIN DAKOTA / BLANCO MESAVERDE			
4. Well Location					
Unit Letter_M : 890	feet from the SOUTH line and _10	gofeet from theWESTline			
0.450.45	m	NA FINA			
	Township 29N Range 6W evation (Show whether DR, RKB, RT, GR, etc.	NMPM County RIO ARRIBA)			
Pit or Below-grade Tank Application (For pit or be	GL low-grade tank closures, a form C-144 must be attach	ed)			
	Pit type Depth to Groundwater_				
Distance from nearest surface waterBe	low-grade Tank Location ULSectTw	pRng;			
feet from theline andfe	et from theline				
12. Check Approp	riate Box to Indicate Nature of Notice,	Report or Other Data			
NOTICE OF INTENT		SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG	AND ABANDON REMEDIAL WOR	RK			
TEMPORARILY ABANDON CHAN	IGE PLANS COMMENCE DF	ILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING MULT COME	PLETION CASING TEST A CEMENT JOB				
OTHER: DHC	▼ 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 1703. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
currently a dual completion in the same po Perforations are: Blanco Mesaverde 5180	this well will not reduce the value of the remain	er. Portable mud tanks will be used.			
I hereby certify that the information above is grade tank has been/will be constructed or closed ac	true and complete to the best of my knowledge cording to NMOCD guidelines [], a general permit [ge and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan .			
SIGNATURE	TITLE REGULATORY ANALY	ST DATE 06/21/2004			
Type or print name DEBORAH MARBERRY	E-mail address: deborah.mai	berry@conocophilipslepshone No.(832)486-2326			
(This space for State use)					
APPPROVED BY	TITLE	DATE			
Conditions of approval, if any:					