

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM 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.

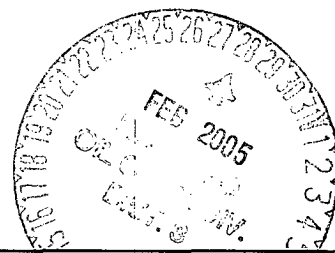
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMSF078277
2. Name of Operator CONOCOPHILLIPS COMPANY		6. If Indian, Allottee or Tribe Name
3a. Address P O BOX 2197 WL 6106 HOUSTON, TX 77252		7. If Unit or CA/Agreement, Name and/or No. NMNM78415A
3b. Phone No. (include area code) Ph: 832.486.2326 Fx: 832.486.2764		8. Well Name and No. SJ 29-5 26
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T29N R5W NESW 1735FSL 1730FWL 36.72307 N Lat, 107.40120 W Lon		9. API Well No. 30-039-07614-00-S1
		10. Field and Pool, or Exploratory BASIN FRUITLAND COAL BLANCO MESAVERDE
		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 proposes to recomplete this well to the Basin Fruitland Coal as per the attached procedure.



14. I hereby certify that the foregoing is true and correct. Electronic Submission #52295 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Farmington Committed to AFMSS for processing by MATTHEW HALBERT on 01/05/2005 (05MXH0282SE)	
Name (Printed/Typed) DEBORAH MARBERRY	Title SUBMITTING CONTACT
Signature (Electronic Submission)	Date 12/28/2004

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By Original Signed: Stephen Mason	Title	FEB 2 4 2005 Date
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 NMOCD	

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.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****



San Juan Recompletion Procedure

SJ 29-5 #26

"Our work is never so urgent or important that we cannot take time to do it safely."
Workover Proposal : Well is currently a T&A. Proposed to recomplete to the Fruitland Coal.

WELL DATA

(refer to attached Wellview wellbore diagram & Group data for more details)

API: 300390761400

TWN: 29 N **RNG:** 5 W **Section:** 18 **Spot:** K

Lat: 36° 72' 30.68" N **Long:** 107° 40' 30.68" W

KB Elev: 6594' **GL Elev:** 6581'

TD: 5912' **PBTD:** 5900'

Current Producing Zones: T&Aed

OA perf interval for respective Zones: Plug-back 3556'

Proposed Completion: Fruitland Coal

Proposed Perf Interval: To be determined from TDT log

PROCEDURE:

Ensure that well is shut in, energy isolated, locked and tagged out; Cathodic protection disconnected.

1. Notify Operator, Vickie Davis 505 486-6783.
2. Prepare Location. Test anchors to 10,000 lbs.
3. Hold Safety Meeting.
4. MI & RU WO rig.
5. ND wellhead and NU BOPE. (Refer to COPC well control manual, Sec 6.13 for pressure testing procedure).
6. Load well with 2% KCl.
7. Run TDT log from composite plug to at least 2500', GR to surface (Send log to Houston for selection of perf interval). Run CBL log from plug-back, 3556', to 100' feet above TOC, be prepared to pressure-up for micro-annulus effects. Send log to Houston for evaluation. If squeeze is necessary, this procedure will be amended.
8. PU treating packer and ConocoPhillips 4-1/2" frac string, RIH and set at depth to be determined after selection of perfs.
9. Pressure-test the plug-back and frac string to 90% allowable documented burst pressure.

00518-00224

Following highlighted areas will be covered by the Completion Engineer's Procedure.

- 10. Perforate selected interval selected from TDT log.**
- 11. Fracture stimulate according to Completion Engineer's procedure.**
- 12. Release packer & 4-1/2" frac string and POOH.**
- 13. RIH with 2-3/8" tubing, 1.78" F-nipple, and expendable check on bottom and **cleanout to PBTD**. Drift tubing according to included tubing drift procedure.**
- 14. PU tubing and **land at depth to be determined**.**
- 15. Install BPV. ND BOPE and NU wellhead. Remove BPV. Pump-out check. If necessary, swab the well to kick-off prior to moving the WO rig. Call operator (Vickie Davis 505 486-6783) upon completion of work.**
- 16. RD MO rig. NOTIFY regulatory (Yolanda or Deb) to inform that work is completed and to issue C-104 for new pool.**
- 17. Turn well over to production.**

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, 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 & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102

Revised June 10, 2003

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT**WELL LOCATION AND ACREAGE DEDICATION PLAT**

¹ API Number 30-039-07614	² Pool Code 71629	³ Pool Name BASIN FRUITLAND COAL
⁴ Property Code 31325	⁵ Property Name SAN JUAN 29-5 UNIT	⁶ Well Number 26
⁷ OGRID No. 217817	⁸ Operator Name CONOCOPHILLIPS CO.	⁹ Elevation

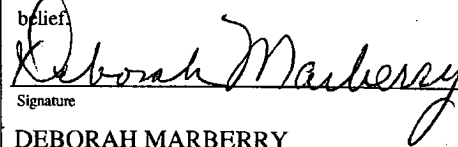
¹⁰Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	18	29N	5W	1735		SOUTH	1730	WEST	RIO ARriba

¹¹Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres 320 W/2	¹³ Joint or Infill	¹⁴ Consolidation Code		¹⁵ Order No.					

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<div style="position: relative; height: 100px;"> 16 </div>				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 02/23/2005 Date
<div style="position: relative; height: 100px;"> 1730' </div>				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