Form 3160-5 (August 2007)

UNITED STATES RECEIVED

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 19 2012

FORM APPROVED OMB No 1004-0137 Expires. July 31, 2010

5 Lease Serial No

SF-078738

Farmington Field Office

Do not use	this form for proposals to	o drill o	r to re-enter a	an	o, it mulan, Anottee or tribe	Name	
abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on page 2.					7. If Unit of CA/Agreement,	Name and	Var No
I. Type of Well Oil Well X Gas Well Other			s on page 2.		San Juan 30-5 Unit 92M 8 Well Name and No San Juan 30-5 Unit 92M		
ConocoPhillips Company 3a. Address 3b. I			No (include area code) 10 Field and Pool or Exploratory Area				
PO Box 4289, Farmington, NM 87499			(505) 326-9700		Blanco MV/Basin DK/Basin MC		
4. Location of Well (Foolage, Sec., T.,R.,M., or Survey Description) Surface G (SWNE) 2085' FNL, 1565 'FEL, Se Bottomhole I (NESE) 2080' FSL, 920 'FEL, Sec			•		11. Country or Parish, State Rio Arriba	, 1	lew Mexico
	HE APPROPRIATE BOX(ES)				TICE, REPORT OR OT	HER DA	ATA .
TYPE OF SUBMISSION TYPE OF ACTION							
Notice of Intent X Subsequent Report	Acidize		en ure Treat Construction	R	roduction (Start/Resume) Reclamation Recomplete	Water Shut-Off Well Integrity X Other Spud Sundry	
_ 36	Change Plans	Plug	and Abandon	Т	emporarily Abandon	_	
Final Abandonment Notice 13. Describe Proposed or Completed Op	Convert to Injection	Plug			Vater Disposal		
determined that the site is ready for 06/13/12 MIRU MOTE 21 & RIH w/ 7jts, 9 5/8, 32.3 Pumped 76sx(122cf-22b plug. Circ. 6bbl cmt to su PT will be conducted by APD/ROW	2. <u>Spud w/ 12 1/4"</u> bit @ 09 #, H-40 ST&C casing <u>set @</u> ols=1.60yld) Pre-mix w/ 20% urface. RD cmt. WOC. ND y Drilling Rig. Results & J	230'. F 230'. F Fly as BOPE.	on <u>06/13/12</u> , D RU to cmt. Pre h. Dropped pl RD RR @ 16:	Orilled al Iflushed lug & dis 00hrs o	nead to 235'. Circ. ho 20bbls w/ 10bbls of F splaced w/ 14bbls FW n 06/13/12.	CVD J IIL CI W. DI '. Bum CEPTEDI	UN 22 '12 INS. DIV. ST. 3
14 I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Arleen Kellywood			Staff Regulatory Tech				
Signature When	Kellywas		Date 6-	-18 -1	2 6/8	/2012	
	THIS SPACE FO	R FEDI	ERAL OR STA	ATE OF	FICE USE		
Approved by Conditions of approval, if any, are attact that the relief badde lead are south	• •		certify	Title			Date
that the applicant holds legal or equitable entitle the applicant to conduct operation.				Office	to make to any deportment	agency o	f the United States any

false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.