MELL API NO.   30-039-29275	Submit 3 Copies to Appropriate District Office *	State of Nev			Form C-103 May 27, 2004	
DOUGN DEADER ALTER, MM 8210   DILC CONSERVATION DIVISION   DEBET   DILCONSERVATION DIVISION   DIRECT   DIVISION   DILCONSERVATION DIVISION   DIRECT   DIVISION   DIRECT   DIVISION   DIRECT   DIVISION   DIVISION   DIRECT   DIVISION   DIRECT   DIVISION   DIRECT   DIVISION   DIVISIONO   DI	<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Willierars and	Natural Resources	WELL API NO.	2	
12.20 South St. Francis Dr.	District II ON GONGERNA THON DAY		ION DIVISION			
Santa Fe, NM 87505   Santa F	District III 1220 Sout					
Township 290   Range SW   NMPM   Committed Natural   Notice   Remediate   Notice   Remote   Notice	1000 Rio Brazos Rd., Aztec, NM 87410					
SLINDRY NOTICE SAND REPORTS ON WELL'S   ON NOT USE THIS FORM FOR PROPOSAS TO TO PRICE OF THE PLOGRACE TO A DIFFERENCE OF THE PROPOSALS TO TH	1220 S. St. Francis Dr., Santa Fe, NM		- FE TE TE TE	o. State Off & Gas i	Lease IVO.	
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPHSON PLOGRAGE TO A FAREWORK USE "A PAPIL CATION FOR PREMIT CORRY ENDIT CORP."		FICES AND DEDODTS ON W	46753031173	7 Logge Name on I	Init A and annual Name	
1. Type of Well: Oil Well	(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPI	OSALS TO DRILL OR TO DEEPEN LICATION FOR PERMIT" (FORM C)	DR PLUG BACK TO A 01) FOR SUCH	SAN JUAN 29-5 U	NIT Agreement Name	
3. Address of Operator 5525 HIGHWAY 64 FARMINGTON, NM 87401  4. Well Location Unit Letter B : 660 feet from the NORTH line and 2500 feet from the EAST line Section 32 Township 29N Range SW NMPM CountyRIO ARRIBA    II. Elevation (Show whether DR, RKB, RT, GR, etc.)		Gas Well X Other		8. Well Number	60F	
4. Well Location Unit Letter B 660 feet from the NORTH line and 2500 feet from the EAST line Section 32 Township 29N Range 5W NMPM CountyRIO ARRIBA    Section 32 Township 29N Range 5W NMPM CountyRIO ARRIBA 6509 GL   Section 12   Section 13   Section 13   Section 14   Section 15   Section 15	CONOCOL			9. OGRID Number	217817	
4. Well Location Unit Letter B 660 feet from the NORTH line and 2500 feet from the EAST line Section 32 Township 29N Range 5W NNPM CountyRIO ARRIBA  11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3. Address of Operator 5525 HI FARMI	GHWAY 64 NGTON, NM 87401	Ellower & Dist			
Section 32   Township 29N Range 5W NMPM   CountyRIO ARRIBA   11. Elevation (Show whether DR, RKB, RT, GR, etc.)	4. Well Location			211211 ( 21112 111	T DEFINITION TO THE SECOND TO	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	Unit Letter_B	: 660 feet from the NO	ORTH line and 250	of feet from	the EAST line	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	Section 32	Township 29N	Range 5W	NMPM	CountyRIO ARRIBA	
Pit type		88 S	er DR, RKB, RT, GR, etc.)		**************************************	
Thereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowgrade tank has been/will be constructed or closed according to NMOCD guidelines   a general permit    or an (attached) alternative OCD-approved plan    SIGNATURE	Pit or Below-grade Tank Application	18		Lastantia	ezel an-an in in en	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK	Pit typeDepth to Ground	waterDistance from nearest	fresh water well Dist	ance from nearest surface	e water	
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS.   P AND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/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.  ConocoPhillips spud this well on 07/31/2005 at 2100 HRS.	Pit Liner Thickness: m	il Below-Grade Tank: Volume	bbls; Co	nstruction Material		
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING  PLUC ANAGE PLANS  COMMENCE DRILLING OPNS  ALTERING CASING  ALTERING CASING  ALTER CASING  AUTHOR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB    OTHER:  OTHER:  OTHER: Spud Report  Starting any 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.  ConocoPhillips spud this well on 07/31/2005 at 2100 HRS.  I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowing rade tank has been/will be constructed or closed according to NMOCD guidelines , general permit or an (attached) alternative OCD-approved plan .  SIGNATURE  Author  TITLE REGULATORY ANALYST DATE 08/01/2005  Type or print/name JUANITA FARRELLS E-mail address: Telephone No. (505)599-3419  For State Use Only	12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
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SUPPRISON NOTES	For State Use Unity		SUPERVICOR DIATE	<b>.</b>	AUG - 2 2005	
APPROVED BY: Conditions of Approval (if any):  SUPERVISOR DISTRICT #3  DATE  DATE		TIT.	LE	T#3I	DATE	