Form 3160-5 (April2004)

## UNITEDSTATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORMAPPROVED OM B No. 1004-0137 Expires: March 31, 2007

5. Lease Serial No.

SUNDRY	NOTICES	AND	REPORTS	ON WELLS			NMSF0784
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	or to re-enter.∕án r such proposals.			
SUBMIT IN TRIPLICATE - Other instructions	7. If Unit or CA/Agreement, Name and/or No. NMNM78413C			
1. Type of Well				
		8. Well Name and No. SAN JUAN 28-7 UNIT 190G		
2. NameofOperator CONOCOPHILLIPS COMPANY	9. API Well No.			
Ba. Address 3b. Pho	30-039-27255			
5525 HIGHWAY 64 FARMINGTON NM 87401 (50	10. Field and Pool, or Exploratory Area			
Location of Well (Footage, Sec., T., R., M., or Survey Description)		BASIN DAKOTA / BLANCO MESAVE		
300 NORTH 1165 EAST JL: A, Sec: 27, T: 28N, R: 7W 300FNL & 1165FEL	11. County or Parish, State RIO ARRIBA NEW MEXICO			
12. CHECK APPROPRIATE BOX(ES)TO INDICA	TE NATURE OF NOTICE,	REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION			
Acidize Deep	en Production (	Start/Resume) Water Shut-Off		
Netice Clarent	ureTreat Reclamation			
Cosing Bansin	Construction Recomplete			
Subsequent Report	and Abandon Temporarily			
Final Abandonment Notice Convert to Injection Plug		sal		
ConocoPhillips spud this well on 12/06/2005 at 2000 H	234567837 A	7005 DEC 26 RE 070 FAR		
	JAN 2000  RECORD DIV.  RECORD ST. 3	C 22 PM 4 06 RECEIVED FARMINGTON NM		
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)	REP. DIV.	y z o		
14. I hereby certify that the foregoing is true and correct	PECONON.  CONT.3  CERTIFICATION  CONT.3	y z o		
14. I hereby certify that the foregoing is true and correct Name ( <i>Printed/Typed</i> )	PECONON.  CONT.3  CERTIFICATION  CONT.3	RY ANALYST		
14. Thereby certify that the foregoing is true and correct Name (Printed/Typed)  JUANITA FARRELL  Signature	Title REGULATOR  Date (2)15/05	RY ANALYST		
14. Thereby certify that the foregoing is true and correct Name (Printed/Typed)  JUANITA FARRELL  Signatur  THIS SPACE FOR FEDER	Title REGULATOR  Date (2) 15 OS  AL OR STATE OFFICE	RY ANALYST  E USE ACCEPTED FOR RECORD		
14. Thereby certify that the foregoing is true and correct Name (Printed/Typed)  JUANITA FARRELL  Signatur  Junut  Janut	Title REGULATOR  Date (2) 15 los  AL OR STATE OFFICE  Title  warrant or	RY ANALYST		