## **UNITEDSTATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| OLINIDAY | NATIOES | AND  | DEDODTO | ON ME |    |
|----------|---------|------|---------|-------|----|
| SHNDRY   | NOTICES | ANI) | REPORTS | ON WH | 18 |

| FORMA    | PPROVED      |     |
|----------|--------------|-----|
|          | o. 1004-0137 |     |
| Expires: | March 31, 20 | 007 |

| <ol><li>Lease Serial No.</li></ol>                       |  |
|--|--|
| <ol> <li>Lease Serial No.</li> <li>NMNM078998</li> </ol> |  |

| Do not use th<br>abandoned we  | 6. If Indian, Allottee or Tribe Name   |   |   |
|--|--|---|---|
|  | PLICATE - Other instructions &   | nge fetse side. PM 3  | 7 tff Unit or CA/Agreement, Name and/or No.         |
| 1. Type of Well OilWell  | Gas Well Other   | RECEIVED  | 8. Well Name and No.                                |
| 2. NameofOperator<br>ConocoPhillips Company  |  | 070 FARMINGTON  | 9. API Well No.                                     |
| 3a. Address  |  | lo.(include area code)<br>599-3419                                  | 30-045-23614  |
| 5525 Highway 64 Farming<br>4. Location of Well (Footage, Sec                       | 10. Field and Pool, or Exploratory Area BASIN FRUITLAND COAL   |   |   |
| 1010 NORTH 1590 EAST<br>UL: B, Sec: 9, T: 31N, R:                                  | 11. County or Parish, State SAN JUAN NM  |   |   |
| 12. CHECK AF   | PPROPRIATE BOX(ES)TO INDICATE  | NATURE OF NOTICE, R   | EPORT, OR OTHER DATA                                |
| TYPE OF SUBMISSION   |  |   |   |
| Notice of Intent   | Acidize Deepen AlterCasing FractureT   | Production (St  | art/Resume) Water Shut-Off Well Integrity           |
| Subsequent Report  | Casing Repair New Con Change Plans Plug and  | <del></del>   | Other   |
| Final Abandonment Notice   | Change Plans Plugand   | _   |   |
| determined that the site is read A successful casing inte ConocoPhillips wishes to | y for final inspection.) grity test was run, 07/18/2006 (see this well's shut-in status be rvation well. The sundry stating th | ee attached copy of cha<br>ecause we are using th                   | is As As  |
| Name (Printed/Typed)   | going is true and correct  |   |   |
| Juanita Farrell  | ,  | Title Regulatory Ana  | alyst   |
| Signature  | famel  | Date 08/02/2006   | ACCEPTED FOR RECORD                                 |
|  | THIS SPACE FOR FEDERAL   | OR STATE OFFICE   | USE   |
| certify that the applicant holds leg<br>which would entitle the applican           |  | office  | Date FARMEN SALES CONTRACTOR                        |
| States any false, fictitious or frau   | itle 43 U.S.C. Section 1212, make it a crime for a dulent statements or representations as to any                              | ny person knowingly and willfull<br>matter within its jurisdiction. | y to make to any department or agency of the United |

(Instructions on page 2)

