submitted in lieu of Form 3160-5 UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

3. Address & Phone No. of Operator 9. API Well No. 90 Box 4289, Farmington, NM 87499 (505) 326-9700 9. API Well No. 4. Location of Well, Footage, Sec., T, R, M 10. Field and Pool Blanco MV/ Basin DK 11. County and State San Juan Co., NM 11. County and State San Juan Co., NM 11. County and State San Juan Co., NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action Notice of linext Recompletion New Construction X. Other-Spud Report Ypte of Submission Type of Action Notice of linext Recompletion New Construction X. Other-Spud Report Plugging Non-Routine Fracturing Casing Repair Water Shu off Jost Proposed or Completed Operations 238'. 9/28/06 DB/S FW. Pumped 150 sx (174 cf - 31 bbls slurry) Class G w/ 2% BWOB S001, 25#/sx D-29. Dropped Plug and displaced w/ 16 bbls FW. Circ 10 bbls cement to surface. WOC. NU BOP. 9/27/06 PT Casing 1000 #/ 30 min. Good test. APD/ROW 14. I hereby certify that the foregoing is true and correct. Signed Signed Casing Repair Date CONDITION OF APPROVAL. if any: <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>									
1. Type of Well States Number GAS 070 FARMMENDER 2. Name of Operator San Juan 32-8Unit ConocoPhillips 7. Unit Agreement Name 2. Name of Operator San Juan 32-8Unit ConocoPhillips 8. Well Name & Number 3. Address & Phone No. of Operator 9. API Well No. 30-045-33114 10. Field and Pool 4. Location of Well, Footage, Sec., T, R, M 10. Field and Pool Blanco MV/ Basin DK 11. County and State San Juan Co., NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action X. Subsequent Root Andress Que Trajentor Water Shut off Notice of intent Abardonment Charge of Plans X. Subsequent Root Andres San Juan Co., NM 13. Describe Proposed or Completed Operations X. Other-Shut Recet 9/27/06 MIRU Patterson #749. Spud 12 1/4" @ 11:30 hrs. Drilled 243°. Circ hole. RIH w/ 5 jis, 9 5/8, 32.34, H-40 STC Casing Root // State Glaphade w/ 30 min. Good test. Appl/ROW 14. I hereby certify that the foregoing is true and correct. Signed Appl/ROW 14. I hereby certify that the foregoing is true and correct.		Sundry Notices and Reports on Wells	2008 NGT_	Ц	РM	3	ч2		
i. Type of Well GAS 070 FARCHINGTON RMS 1. If Indian, All. or Tribe Name 0.10 FARCHINGTON RMS 1. 11 Indian, All. or Tribe Name 2. Name of Operator San Juan 32-8 Unit ConocoPhillips 8. Well Name & Number 2. Address & Phone No. of Operator San Juan 32-8 Unit #12 3. Address & Phone No. of Operator 9. API Well No. 30-045-33114 10. Field and Pool 8. Location of Well, Footage, Sec., T, R, M 10. Field and Pool Unit K (NESW), 2200' FSL & 1955' FWL, Sec. 21, T31N, R8W, NMPM 11. County and State 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission X. Other-Spaid Report 2. Note of Incom Abandonment Charge of Phasion X. Other-Spaid Report 2. Note of Incom Abandonment Charge Of Phasion X. Other-Spaid Report 2. Non-Fourier Frauning Conversion to Injection 13. Describe Proposed or Completed Operations 2. Other State								5.	
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Signed Kandis Roland Title Regulatory Assistant Date	AP	D/ROW							
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APPROVED BY Title Date CONDITION OF APPROVAL, if any: Date Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. ACCEPTED FOR RECORD	Sig	ned (able the) Koland Kandis Roland	lTitle	e <u>Reg</u>	ulatory	<u>/ As</u>	sista	<u>nt</u>	Date10/4/06
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