

Form 3160-4  
(October 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE\*  
(See other instructions on reverse side)

FOR APPROVED  
OMB NO. 1004-0137

Expires: December 31, 1991

WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

|   |                 |   |                        |   |                                    |  |  |
|---|-----------------|---|------------------------|---|------------------------------------|--|--|
| <b>1a. TYPE OF WELL:</b><br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____<br><br><b>b. TYPE OF COMPLETION:</b><br>NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR <input type="checkbox"/> Other _____                                |                 |   |                        |   |                                    | <b>5. LEASE DESIGNATION AND SERIAL NO.</b><br><b>NMSF-078277</b><br><br><b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b><br><br><b>7. UNIT AGREEMENT NAME</b><br><b>San Juan 29-5 Unit #62M</b><br><b>8. FARM OR LEASE NAME, WELL NO.</b><br><br><b>9. API WELL NO.</b><br><b>30-039-29385</b><br><b>10. FIELD AND POOL, OR WILDCAT</b><br><b>Blanco MesaVerde</b><br><b>11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA</b><br><b>Sec.7 T29N R5W, NMPM</b>   |  |
| <b>2. NAME OF OPERATOR</b><br><b>ConocoPhillips</b><br><b>3. ADDRESS AND TELEPHONE NO.</b><br><b>PO BOX 4289, Farmington, NM 87499 (505) 326-9700</b><br><b>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*</b><br>At surface <b>Unit O (SWSE) 305' FSL, 2005' FEL</b><br><br>At top prod. interval reported below <b>Same as above</b><br><br>At total depth <b>Same as above</b> |                 |   |                        |   |                                    | <b>12. COUNTY OR PARISH</b><br><b>Rio Arriba</b><br><b>13. STATE</b><br><b>New Mexico</b><br><b>14. PERMIT NO.</b> _____ <b>DATE ISSUED</b> _____<br><b>15. DATE SPUDDED</b> <b>6/30/06</b> <b>16. DATE T.D. REACHED</b> <b>7/6/06</b> <b>17. DATE COMPL. (Ready to prod.)</b> <b>9/27/06</b><br><b>18. ELEVATIONS (DF, RKB, RT, BR, ETC.)*</b><br><b>GL 6529' KB 7837'</b> <b>19. ELEV. CASINGHEAD</b> _____<br><b>20. TOTAL DEPTH, MD &amp; TVD</b> <b>7984'</b> <b>21. PLUG, BACK T.D., MD &amp; TVD</b> <b>7981'</b> <b>22. IF MULTIPLE COMPL., HOW MANY*</b> <b>2</b><br><b>23. INTERVALS DRILLED BY</b> <b>ROTARY TOOLS</b> <b>CABLE TOOLS</b><br><b>yes</b> _____<br><b>24. PRODUCTION INTERVAL (S) OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)*</b><br><b>Blanco MesaVerde 5280'-5778'</b> <b>25. WAS DIRECTIONAL SURVEY MADE</b> <b>No</b><br><b>26. TYPE ELECTRIC AND OTHER LOGS RUN</b> <b>Cement bond Log w/Gamma Ray Casing Collars</b> <b>27. WAS WELL CORED</b> <b>No</b> |  |
| <b>28. CASING RECORD (Report all strings set in well)</b>   |                 |   |                        |   |                                    |  |  |
| CASING SIZE/GRADE   |                 | WEIGHT, LB./FT.   | DEPTH SET (MD)         | HOLE SIZE   | TOP OF CEMENT, CEMENTING RECORD    | AMOUNT PULLED  |  |
| 9 5/8"  |                 | 32.3#, H40  | 235'                   | 12 1/4"   | surface; 150sx (181 cf)            | 13 bbls  |  |
| 7"  |                 | 20# J-55  | 3780'                  | 8 3/4"  | surface; 605sx (1396 cf)           | 85 bbls  |  |
| 4 1/2"  |                 | 11.6#, N-80   | 7982'                  | 6 1/4"  | TOC 2700'; 485sx (675 cf)          |  |  |
| <b>29. LINER RECORD</b>   |                 |   |                        |   |                                    | <b>30. TUBING RECORD</b>   |  |
| SIZE  | TOP (MD)        | BOTTOM (MD)   | SACKS CEMENT*          | SCREEN (MD)   | SIZE                               | DEPTH SET (MD)   |  |
|   |                 |   |                        |   | 2-3/8"                             | 7839'  |  |
| <b>31. PERFORATION RECORD (Interval, size and number)</b>   |                 |   |                        | <b>32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.</b>   |                                    |  |  |
| <b>@1SPF Point Lookout</b><br><b>5638'-5778"</b><br><b>total holes=30 2 runs = 60</b><br><b>@ 1SPF Cliffhouse</b><br><b>5280'-5359'</b><br><b>total holes=10</b><br><b>@ 1SPF Menefee</b><br><b>5374'-5574'</b><br><b>Total Holes= 20</b>   |                 |   |                        | <b>5638-5778</b> <b>420 gals 15% HCL acid</b><br><b>60 Q Slickfoam</b><br><b>98700 # 20/40 TLC sand.</b><br><br><b>5280-5574'</b> <b>420 gals 15% HCL acid. 60 Q slickfoam w/932000# 20/40</b><br><b>Brady Sand. Tailed w/16140# 20/40 TLC Sand.B-145 Fric.</b> |                                    |  |  |
| <b>33. PRODUCTION</b>   |                 |   |                        | <b>1000 gal</b>   |                                    |  |  |
| DATE FIRST PRODUCTION   |                 | PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump) |                        |   | WELL STATUS (Producing or shut-in) |  |  |
| SI  |                 | Flowing   |                        |   | SI                                 |  |  |
| DATE OF TEST  | HOURS TESTED    | CHOKE SIZE  | PROD'N FOR TEST PERIOD | OIL-BBL   | GAS-MCF                            | WATER-BBL  |  |
| 9/22/06   | 1               | 2   |                        |   | 36 mcf/d                           |  |  |
| FLOW. TUBING PRESS.   | CASING PRESSURE | CALCULATED 24-HOUR RATE   | OIL-BBL                | GAS-MCF   | WATER-BBL                          | OIL GRAVITY-API (CORR.)  |  |
| FTP-120#  | SI - 400#       |   |                        | 875 mcf/d   |                                    |  |  |
| <b>34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)</b><br><b>To be sold</b>  |                 |   |                        |   |                                    | <b>TEST WITNESSED BY</b>   |  |
| <b>35. LIST OF ATTACHMENTS</b><br><b>This is a MV/DK well being DHC per order #1912AZ</b>   |                 |   |                        |   |                                    |  |  |
| <b>36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records</b>  |                 |   |                        |   |                                    |  |  |

SIGNED Mary A. Williams TITLE Regulatory Assistant DATE 10/10/06

\*(See Instructions and Spaces for Additional Data on Reverse Side)

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department of agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.