

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.  
Farmington, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

ConocoPhillips Company

3a. Address

5525 Highway 64, NBU 3004, Farmington, NM 87401

3b. Phone No. (include area code)

505-599-3454

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit D (NWNW), 1085' FNL & 485' FWL  
Section 3, T30N, R6W

5. Lease Serial No.

NMNM012292

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No

8. Well Name and No.

SJ 31-6 Unit #204A

9. API Well No.

30-039-27470

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal

11. County or Parish, State

Rio Arriba, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off   |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity   |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       | Spud Report                               |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

8/20/03 MIRU Key #49. Spud 12-1/4" hole @ 0200 hrs 8/21/03. Drilled to 228'. Circ. hole. RIH w/9-5/8", 32.3# H-40 casing and set @ 221'. RU Schlumberger to cement. Pumped a preflush of 20 bbls FW w/dye in last 10 bbls. Pumped 150 sx (174 cf - 31 bbls slurry) Class G cement w/2% BWOC CaCl<sub>2</sub>, & .25#/sx D029. Released wiper plug and displaced plug w/15.4 bbls FW. Bumped plug @ 1030 hrs 8/21/03 w/290 psi. Circulated 73 sx good cement to surface. RD Schlumberger. WOC. NU WH & BOP.

Tried testing BOP, had problem, BOP lifted. Found that the casing collars on WH pulled from casing threads. Fixed problem by cutting drill line, enlarging cellar, repairing casing stub and installed slip-on/weld on casing collar. NU WH & NU BOP. PT slip-on/weld-on casing collar, wellhead connection, BOP body, blind rams, and casing w/200 psi for 3 minutes and with 1050 psi for 30 minutes with FW. Good test.

Note: Steve Moore called Jim Lovato (BLM) on August 22 and explained how repairs were made and Jim agreed with fix.

14. I hereby certify that the foregoing is true and correct  
(Name (Printed/Typed))

Patsy Clugston

Title

SHEAR Administrative Assistant

Date

8/25/03

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

AUG 29 2003

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

FARMINGTON FIELD OFFICE

