

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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.

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
PO BOX 4289 Farmington NM 87499

3b. Phone No. (include area code)
(505)326-9597

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

1070 NORTH 1100 EAST
UL: A, Sec: 22, T: 32N, R: 7W

5. Lease Serial No.

SF 078459

6. If Indian, Allottee or Tribe Name

2007 JUL 10 PM 2:35

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

RECEIVED

8. Well Name and No.
SAN JUAN 32-7 UNIT 35

9. API Well No.
30-045-11347

10. Field and Pool, or Exploratory Area
Blanco Mesaverde / Basin Dakota

11. County or Parish, State
SAN JUAN
NEW MEXICO

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Commingle well
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 site is ready for final inspection.)

06/07/07 MIRU Key #940. Blow down csg. ND WH NU BOP-PT ok. POOH w/tbg & tally. RIH w/bit & tag fill @ 5975. RU power swivel. Clean out fill to CIBP @ 6020'. Drill out CIBP. Circ hole clean. 06/14/07 RIH w/259 jnts 2 3/8", 4.7#, J-55 tbg and land @ 8003' (F-Nipple @ 8002'). This well now commingled per DHC-1887AZ.

1888

RCVD JUL 16 '07
OIL CONS. DIV.
DIST. 3

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

Juanita Farrell

Title Regulatory Analyst

Signature

Date 07/09/2007

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

JUL 13 2007

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

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

NMOC