submitted in lieu of Form 3160-5

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RCVD DEC 20 '07

Sundry Notices and Reports on Wells Type of Well DEC 1 7 2007 S. Lease Number NAISF-078039 If Indian, All. or Tribe Name December 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		uil Cinto. Dav.
Type of Well GAS Cureau of Land Management Fermington Field Office Tribe Name		DIST. 3
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Name of Operator CONOCOPHILLIPS Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 Location of Well, Footage, Sec., T, R, M Unit D (NWNW), 670' FNL & 804' FWL, Section 22, T32N, R11W, NMPM Unit D (NWNW), 670' FNL & 804' FWL, Section 22, T32N, R11W, NMPM 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Notice of Intent X. Subsequent Report Altering Casing Repair Altering Casing Water Shut off Pinal Abandonment Altering Casing Conversion to Injection 3. Describe Proposed or Completed Operations 1/24/07 MIRU AWS 580. NU BOP. PT csg to 600psi for 30mins – good test. RIH w/6-1/4" bit & tag TOC @ 135'. DO cmt & c head to 3455' TD. TD reached 11/27/07. Circ hole. RIH w/84/its 4-1/2" 10.5# J-55 STC csg & set @ 3443'. Pumped in preflush blobis FW, 10bbis FW, 20bbis FW. Lost circ, no lift pressure. RD cmt crew. ND BOP. RD RR @ 04:00am on 11/28/07. 2/3/07 CBL log ran and TOC found @ 125', 7" shoe @ 210'. Verbal approval from Troy Salyers (BLM) to proceed. This space for Federal or State Office use) PROVED BY Title Date Date ONDITION OF APPROVAL, if any: List St Seasies loop, make a semice are pressue as we department or agency of	Type of Well DEC 172007 GAS	NMSF-078039 6. If Indian, All. or
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PO Box 4289, Farmington, NM 87499 (505) 326-9700 9. API Well No. 30-045-33916 Location of Well, Footage, Sec., T, R, M Unit D (NWNW), 670' FNL & 804' FWL, Section 22, T32N, R11W, NMPM Unit D (NWNW), 670' FNL & 804' FWL, Section 22, T32N, R11W, NMPM 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Submission Notice of Intent X. Subsequent Report Casing Repair Non-Routine Fracturing Final Abandonment Altering Casing Conversion to Injection 3. Describe Proposed or Completed Operations Non-Routine Fracturing Altering Casing Conversion to Injection 3. Describe Proposed or Completed Operations Non-Routine Fracturing Non-Routi		
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