

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

RECEIVED

MAY 09 2008

Amended

Bureau of Land Management
Farmington Field Office

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator
CONOCOPHILLIPS

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
Unit D (NWNW), 860' FNL & 315' FWL, Section 35, T32N, R12W, NMPM

5. Lease Number
NMSF-078146
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
Newberry B 1N
9. API Well No.
30-045-34571
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	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection

X Other - Spud Report

13. Describe Proposed or Completed Operations

5/6/08 MIRU MOTE 211. 5/6/08 Spud well w/12 1/4" bit to 236' TD. Circ hole. RIH w/7 jts, 9 5/8", 32.3#, H-40 ST&C csg & set @ 231'. Pre-flush w/10 bbls FW. Pump 76 sx (122 cf - 22 bbls slurry) Type II-I, w/20% flyash. Dropped plug & displaced w/13 bbls FW. Circ 5 bbls cmt to surface. ND BOP & NU WH. RD & RR 5/6/08.

PT will be conducted by drilling rig & recorded on the next report.

RCVD MAY 13 '08
OIL CONS. DIV.

DIST. 3

APD/ROW

14. I hereby certify that the foregoing is true and correct.

Signed Rhonda Rogers Rhonda Rogers Title Regulatory Technician Date 5/09/08

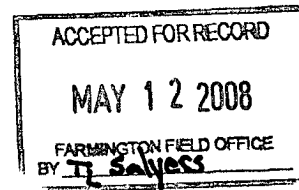
(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

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.

Amended the Operator Name



NMOC