

RECEIVED

submitted in lieu of Form 3160-5

Amended

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

AUG 18 2008

Bureau of Land Management
Farmington Field Office

Sundry Notices and Reports on Wells

1. Type of Well
GAS

5. Lease Number
SF-079247

6. If Indian, All. or
Tribe Name

2. Name of Operator

7. Unit Agreement Name
San Juan 32-8 Unit

CONOCOPHILLIPS COMPANY

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

8. Well Name & Number
San Juan 32-8 Unit 18M
9. API Well No.
30-045-34427

4. Location of Well, Footage, Sec., T, R, M
Surf: Unit F (SENW), 2298' FNL & 1805' FWL, Sec. 11, T31N, R8W, NMPM

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

☒ Other - Corrected Plat

RCVD SEP 3 '08

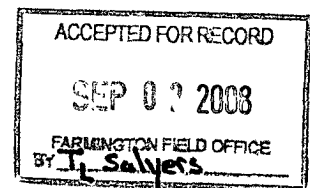
OIL CONS. DIV.

DIST. 3

13. Describe Proposed or Completed Operations

Corrected legals. This is a vertical hole, so the BH location indicated on the previous sundry dated 8/6/08 was removed. ✓

The corrected plat is attached. ✓



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

Signed Patsy Clugston Patsy Clugston Title Regulatory Specialist Date 08/18/08

(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

NMOCD

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised October 12, 2005
Submit to Appropriate District Office
State Lease - 7 Copies
Fee Lease - 3 Copies

☐ AMMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-045-34427	² Pool Code 71599/72319	³ Pool Name Basin Dakota / Blanco Mesaverde
⁴ Property Code 31330	⁵ Property Name SAN JUAN 32-8 UNIT	⁶ Well Number 18M
⁷ OGRID No. 217817	⁸ Operator Name CONOCOPHILLIPS COMPANY	⁹ Elevation 6660

¹⁰ SURFACE LOCATION

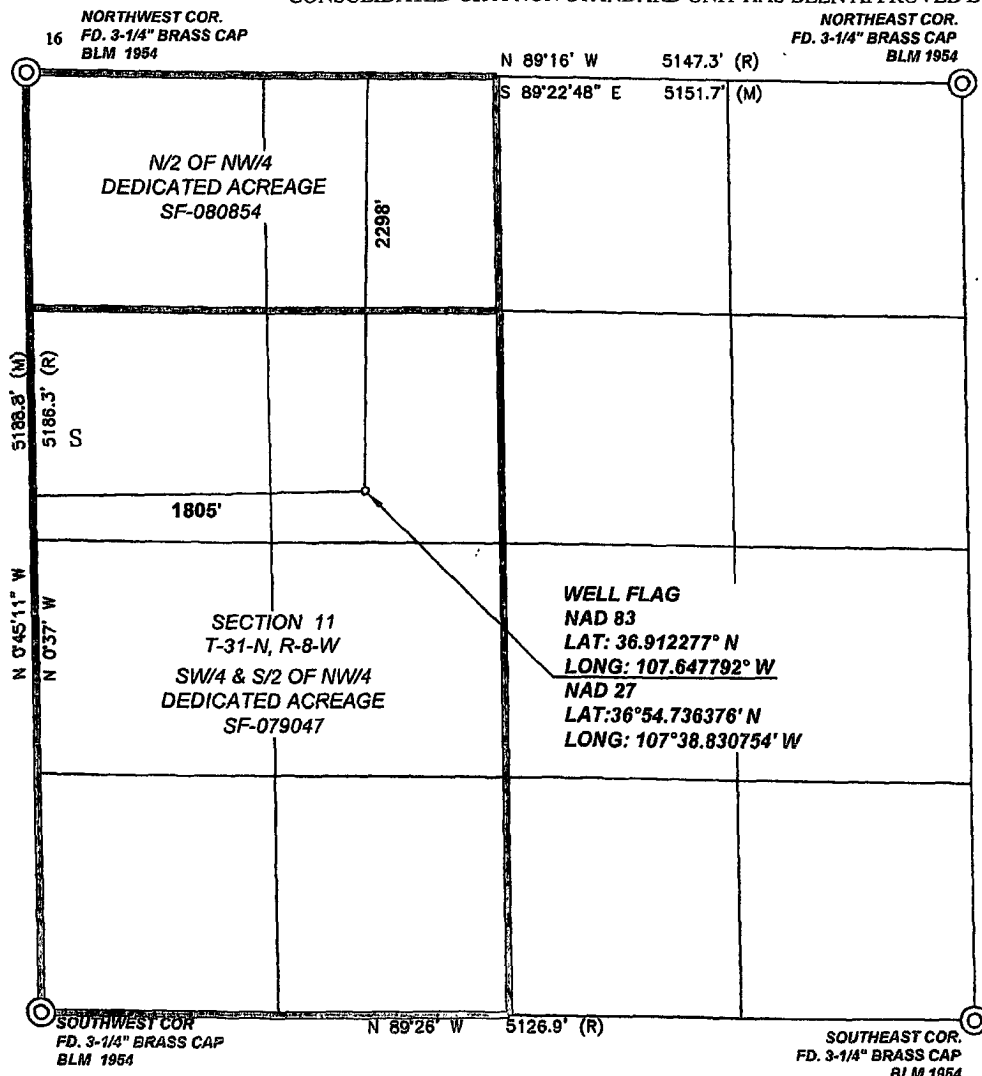
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	11	31-N	8-W		2298	NORTH	1805	WEST	SAN JUAN

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F									

¹² Dedicated Acres 320	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



¹⁷ OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division

Patsy Clugston
Signature

Patsy Clugston
Printed Name

Regulatory Specialist
Title and E-mail Address

8/18/08
Date

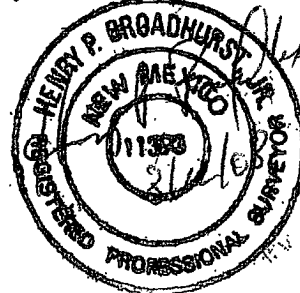
Date

¹⁸ SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey: 5/30/07

Signature and Seal of Professional Surveyor:



Certificate Number: NM 11393