Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District 1	Energy, Minerals and Natu	ral Resources	June 16, 2008 WELL API NO.
1625 N French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION	DIVICION	3003921226
1301 W Grand Ave., Artesia, NM 88210 District III	1220 South St. Fran		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87		STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Sunta 1 0, 14141 0		FEE
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name SAN JUAN 29-6 UNIT
1. Type of Well: Oil Well Gas Well Other		8. Well Number 55A	
2. Name of Operator			9. OGRID Number 217817
CONOCOPHILLIPS COMPANY 3. Address of Operator			10. Pool name or Wildcat
P.O. BOX 4289, FARMINGT	ON NM 87499		BLANCO MESAVERDE
4. Well Location			
Unit Letter C : 900' feet from the FNL line and 1460' feet from the FWL line			
Section 18 Township 029N Range 006W NMPM County RIO ARRIBA			
	11. Elevation (Show whether DR)	, RKB, RT, GR, etc	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN	TENTION TO:	SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			RK ALTERING CASING
			RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	NT JOB
OTHER:		OTHER:	RE-DELIVERY 03/13/09
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
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This well was re-delivered after being turned off for more than 90 days on <u>03/13/09</u> produced an initial MCF of <u>108</u> .			
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TP: 38 CP: 538 Initial M	CF: 108		m mark eigen fice 1747
Meter No.: 89535			RCUD MAR 23 '09
Nation Non-Openio			OIL CONS. DIV.
Gas Co.: EFS			
			the state of the state
	j		
I hereby certify that the information a	above is true/and complete to the be	est of my knowleds	ge and belief.
SIGNATURE	TITLE Re	gulatory Tech	DATE03/18/09
- 10/001 sy/C			
Type or print name Marie E. Jaramillo E-mail address: marie.e.jaramillo@ConocoPhillips.com PHONE:505-326-9865_			
For State Use Only			
APPROVED BY: accepted for / Conditions of Approval (if any):	record TITLE_		DATE
Conditions of Approval (if any):	*		
	V		