

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator ConocoPhillips</p> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M Surface: Unit F (SENW), 1415' FNL & 1490' FWL, Section 13, T30N, R5W, NMPM</p>	<p>5. Lease Number SF-080538</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name San Juan 30-5 Unit</p> <p>8. Well Name & Number San Juan 30-5 Unit 111E</p> <p>9. API Well No. 30-039-30665</p> <p>10. Field and Pool Blanco MV / Basin DK</p> <p>11. County and State Rio Arriba, NM</p>
--	--

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

<p>Type of Submission</p> <p><input checked="" type="checkbox"/> Notice of Intent</p> <p><input type="checkbox"/> Subsequent Report</p> <p><input type="checkbox"/> Final Abandonment</p>	<p>Type of Action</p> <p><input type="checkbox"/> Abandonment</p> <p><input type="checkbox"/> Recompletion</p> <p><input type="checkbox"/> Plugging</p> <p><input type="checkbox"/> Casing Repair</p> <p><input type="checkbox"/> Altering Casing</p>	<p><input checked="" type="checkbox"/> Change of Plans</p> <p><input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> Non-Routine Fracturing</p> <p><input type="checkbox"/> Water Shut off</p> <p><input type="checkbox"/> Conversion to Injection</p>
---	---	---

Other — _____

13. Describe Proposed or Completed Operations

ConocoPhillips requests permission to change the intermediate setting depth from 4036' TVD to 4440' TVD due to drilling issues resulting in a 6 1/2 degree inclination at 1750'. In order to return vertical without deviation angle issues the intermediate casing point was deepened. The casing weight from 4000' to 4440' will be increased to 23# and from 4000' up will remain 20#. The cement volumes will be adjusted accordingly. Verbal permission to proceed as planned was given by BLM (Troy Salyers) and OCD (Steve Hayden) on 7/19/10.

RCVD JUL 20 '10

OIL CONS. DIV.

DIST. 3

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

Signed Crystal Tafoya Crystal Tafoya Title Staff Regulatory Technician Date 7/19/2010

(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

