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

## RECEIVED

AUG 04 2010

Name of Operator  CONOCOPHILLIPS COMPANY  Address & Phone No. of Operator  PO Box 4289, Farmington, NM 87499 (505) 326-9700  Location of Well, Footage, Sec., T, R, M  Location of Well, Footage, Sec., T, R, M  Surf: Unit F (SENW), 1725' FNL & 1350' FWL, Section 17, T29N, R6W, NMPM BH: Unit K (NESW)+2515' FSL & 1960' FWL, Section 17, T29N, R6W, NMPM BH: Unit K (NESW)+2515' FSL & 1960' FWL, Section 17, T29N, R6W, NMPM  Solve (RY3)  COHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action  Notice of Intent  Abandonment  Recompletion  Casing Repair  Casing Repair  Casing Repair  Water Shut off Conversion to Injection  Altering Casing  Conversion to Injection  Altering Casing  Conversion to Injection  Altering Casing		Sundry Notices and Reports on Wells	```		
Name of Operator  CONOCOPHILLIPS COMPANY  Address & Phone No. of Operator  PO Box 4289, Farmington, NM 87499 (505) 326-9700  Location of Well, Footage, Sec., T, R, M  Blanco MV/Basin DK  BH: Unit K (NESW);2215' FSL & 1940' FWL, Section 17, T29N, R6W, NMPM  850' K83  Location 17, T29N, R6W, NMPM  860 Arriba Co., NM  COUNTY and State Rio Arriba Co., NM  Construction  Notice of Intent Abandonment Change of Plans X Other Cathodic Protectic New Construction  Notice of Intent Recompletion Non-Routine Fracturing Water Shut off Conversion to Injection  Conversion to Injection  Conversion to Injection  AUG 0 4 2010  AUG 0 4 2010  FARMINGTON FIELD OFFICE gened August Proposed or Completed Operations  Littached is a drawing of the placement of the cathodic protection ground bed, rectifier and cable for the subject well.  ACCEPTED FOR RECORD  AUG 0 4 2010  FARMINGTON FIELD OFFICE gened August Proposed or Completed Operations  Title Date Date Date Date Date Date Date Dat		(8) (8)	rarm. <del>Dureau د</del>	ington Field Office of Land Management	
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Address & Phone No. of Operator  PO Box 4289, Farmington, NM 87499 (505) 326-9700  Location of Well, Footage, Sec., T, R, M  Location of Well, Footage, Sec., T, R, M  Surf: Unit F (SENW), 1725' FNL & 1350' FWL, Section 17, T29N, R6W, NMPM BH: Unit K (NESW), 2513' FSL & 1900' FWL, Section 17, T29N, R6W, NMPM BH: Unit K (NESW), 2513' FSL & 1900' FWL, Section 17, T29N, R6W, NMPM  2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission Type of Action Abandonment Abandonment Recompletion Non-Routine Fracturing Water Shut off Casing Repair Water Shut off Conversion to Injection  Altering Casing Conversion to Injection  Altering Casing Conversion to Injection  AUG 0 4 2010  1. Thereby certify that the foregoing is true and correct.  Brandie Blakley Title Staff Regulatory Technician Date  This space for Federal or State Office use) PPROVED BY Title Date  Title Date  Date  Date  Date		CONOCOPHILLIPS COMPANY			
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Location of Well, Footage, Sec., T, R, M  10. Field and Pool  Surf: Unit F (SENW), 1725' FNL & 1350' FWL, Section 17, T29N, R6W, NMPM BH: Unit K (NESW); 2515' FSL & 1900' FWL, Section 17, T29N, R6W, NMPM  850' R83  11. County and State Rio Arriba Co., NM  2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action Notice of Intent Recompletion Non-Routine Fracturing Water Shut off Conversion to Injection  3. Describe Proposed or Completed Operations  13. Describe Proposed or Completed Operations  4. I hereby certify that the foregoing is true and correct.  Sing Report Altering Casing Conversion to Injection  AUG 0 4 2010  4. I hereby certify that the foregoing is true and correct.  FARMINGTON FIELD OFFICE Staff Regulatory Technician Date  ONDITION OF APPROVAL, if any:		Address & Phone No. of Operator		San Juan 29-6 Unit 4M	
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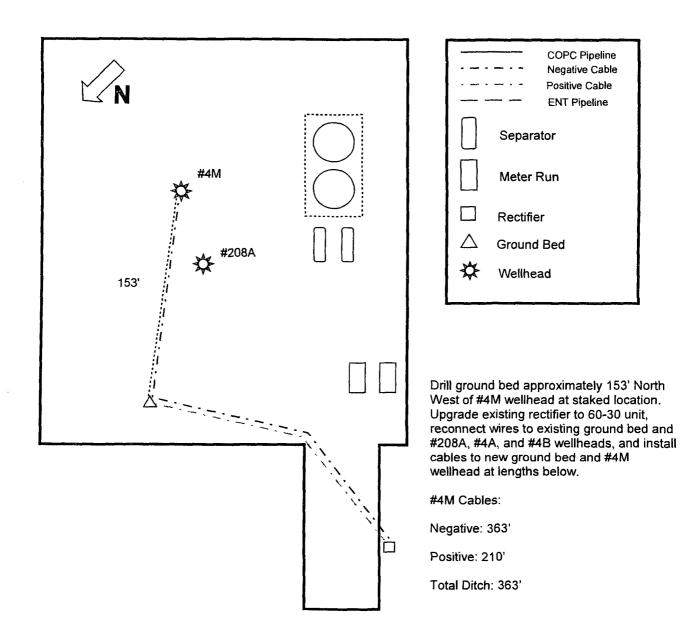
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## San Juan 29-6 Unit 4M

Section 17, T29N, R6W, N.M.P.M., San Juan County, NM



By: Steven Gillette Date: 4/21/10