

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

RECEIVED

OCT 21 2010

Sundry Notices and Reports on Wells

Farmington Field Office
Bureau of Land Management
Lease Number
NMSF-078999

1. **Type of Well**
GAS
2. **Name of Operator**
CONOCOPHILLIPS COMPANY
3. **Address & Phone No. of Operator**
PO Box 4289, Farmington, NM 87499 (505) 326-9700
4. **Location of Well, Footage, Sec., T, R, M**

Surf: Unit F (SENW), 1496' FNL & 1782' FWL, Section 27, T31N, R6W, NMPM
6. **If Indian, All. or Tribe Name**
7. **Unit Agreement Name**
San Juan 31-6 Unit
8. **Well Name & Number**
San Juan 31-6 Unit 55
9. **API Well No.**
30-039-26990
10. **Field and Pool**
Rosa PC
11. **County and State**
Rio Arriba Co., NM

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

Type of Submission	Type of Action			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	<input checked="" type="checkbox"/> Other -	<input type="checkbox"/> TA ext
<input 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		

13. Describe Proposed or Completed Operations

This well was TA 11/24/09, ConocoPhillips would like to maintain this status while we review for future potential.

TA - 11/15/11

RCVD NOV 5 '10
OIL CONS. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct.Signed Rhonda Rogers Rhonda Rogers Title Staff Regulatory Technician Date 10/21/10.

(This space for Federal or State Office use)

APPROVED BY Original Signed: Stephen Mason Title _____ Date NOV 02 2010

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.

NMOC T/A EXPIRES 11-24-2014 - FEDERAL EXPIRATION MAY VARY -
CONTACT NM BLM FOR FEDERAL EXPIRATION INFORMATION

NMOC