Submit 3 Copies To Appropriate District Office	State of New	Form C-103					
Office Energy, Minerals and Natural Resources District I 1625 N. French Dr., Hobbs, NM 87240				Revised March 25, 1999 WELL API NO.			
District II 811 South First, Artesia, NM 87210	STICLE OIL CONSERVATION DIVISION			30-039-27487			
District III	trict III 1220 South St. Francis Dr.			5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV				STATE X FEE 6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505				E-347-40			
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:			
1. Type of Well: Oil Well Gas Well X Other				San Juan 30-5 Unit 31327			
2. Name of Operator				8. Well No.			
ConocoPhillips Company 217817 3. Address of Operator				SJ 30-5 Unit #219A 9. Pool name or Wildcat			
5525 Highway 64, NBU 3004, Farmington, NM 87401 4. Well Location				Basin Fruitland Coal 71629			
Unit Letter::	705feet from the	North 1	ine and	1410	feet from the	eWest_	line
Section 16	Township 30		5W	NMPM	C	ounty Rio	Arriba
加州,州州州,北省 军市。	10. Elevation (Show who	ether DR, RKB, 6369' GL	RT, GR, etc	c.)			
11. Check A	Appropriate Box to Ind		of Notice.	Report, or	Other Da	ta	
· · · · · · · · · · · · · · · · ·					T REPOR		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIA	AL WORK		☐ AI	LTERING CA	ASING
TEMPORARILY ABANDON	CHANGE PLANS	COMME	NCE DRILLI	NG OPNS.		LUG AND BANDONME	:NT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING	TEST AND JOB				
OTHER:		OTHER:	1st Deliv	ery Notice			<u> </u>
12. 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 recompilation.							
FIRST DELIVERY NOTICE				A 19 37 T	72345	O)	
DATE: 2/25/04				A STATE OF THE PARTY OF THE PAR	R 2004	0)	
TP: 308 psi					at the said of the		
CP: 308 psi METER NUMBER: 30533137				E OL	CCNS DIV		
TP: 308 psi CP: 308 psi METER NUMBER: 30533137 VOLUME: 657 mcfd							
TRANSPORTER: Williams thru COPC's Manzanares system the 30-5 CPD							
				1.3			
I hereby certify that the information above	is true and complete to the be	est of my knowled	lge and belief.				
SIGNATURE Palsy C	lugit	TITLE Regula	atory Anal	yst	DAT	E <u>2/26</u>	/04
Type or print name Patsy	Clugston				Telephone N	lo. 505-59	99-3454
(This space for State use)	1	DEPLITY	Oil 8 CAC	inspector,	M	AR - I	2004
APPROVED BY Conditions of approval, if any:	<u></u>	_ TITLE	AIE (P. OW)	HEATELIUM,	DISY. AS DATE		