

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.
SF-078835

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement Name and/or No.

8. Well Name and No.
SAN JUAN 28-07 UNIT 254M

9. API Well No.
3003926666

10. Field and Pool, or Exploratory Area
BASIN DAKOTA

11. County or Parish, and State
RIO ARRIBA NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well ☐ Oil Well ☒ Gas Well Other

2. Name of Operator
CONOCO INC.

3a. Address P.O. BOX 2197 DU 3066
HOUSTON, TX 77252

3b. Phone No. (include area code)
970.385.9100 Ext 125

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1820FWL 900FNL C-6-27-7

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

APD / RCW03-31-01 Well was spudded. Ran 7 joints of 9-5/8" casing (36#, J-55) casing, set shoe at 336'. Cement with 200 sx Class H w/ 2% CaCl₂, 0.25 pps Flocele @ 16.5ppg and 1.07 cuft/sx. Displaced with 25.0 bbls freshwater, did not run baffle plate or floats, shut well in with 180# psi after displacing to a calculated 316'. 04-03-01 Ran 73 joints of 7" casing (20#, J-55) set shoe at 3208'. Cement with Lead of 260 sx Class H w/ 3% econolite, 10 pps Blended Silicalite, 1/2#/sx Flocele @ 11.4 ppg and 2.83 cuft/sx. Tail of 100 sx STD with 1% CaCl₂ and 1/4 pps Flocele @ 15.6 ppg and 1.18 cuft/sx. Displaced with 125.8 bbls freshwater, circulated 2 bbls to surface. Bumped plug at 11:17 pm with 1475# psi. Floats held. 04-07-01 Ran 170 joints of 4-1/2" casing (10.5#, J-55) set shoe at 7243'. Cement with 435 sx 50/50 Poz H with 3% gel, 0.4% Halad 344, 0.2% CFR-3, 0.1% HR-5, 20#/sx Silicalite and 1/4 #/sx Flocele mixed @ 12.8 ppg, and 1.7 cuft/sx. Displaced with 115 bbls freshwater, no returns to surface. Planned to bring TOC to 2002' (1000' inside 7" casing) Final circulating pressure was 1500# psi. TOC calculates to ~835'. Bumped plug with 2100# psi at

Electronic Submission #3796 verified by the BLM Well Information System for CONOCO INC. Sent to the Farmington Field Office
Committed to AFMSS for processing by Maurice Johnsen on 04/27/2001

Name (Printed/Typed) DEBRA SITTNER

Title AUTHORIZED REPRESENTATIVE

Signature

Date 04/23/2001

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office