

District I - (505) 343-6161
1625 N. French Dr
Hobbs, NM 88240
District II - (505) 748-1283
811 S. First
Artesia, NM 88210
District III - (505) 334-6173
1000 Rio Brazos Road
Aztec, NM 87410
District IV - (505) 327-7131
2040 S. Pacheco
Santa Fe, NM 87505

New Mexico
Energy Minerals and Natural Resources Department
Oil Conservation Division
2040 South Pacheco Street
Santa Fe, New Mexico 87505
(505) 327-7131

Form C-140
Revised 06/99

SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE

APPLICATION FOR
WELL WORKOVER PROJECT

7115069 187 FRR
1160520

I. Operator and Well

Operator name & address Conoco Inc. P.O. Box 1267 Ponca City, OK 74604-1267		OGRID Number 005073
Contact Party Marti Johnson	Phone (580) 767-2451	
Property Name San Juan 28-7	Well Number 3003920679	API Number 3003920679

UL A	Section 24	Township 28N	Range 7W	Feet From The 900'	North/South Line NL	Feet From The 990'	East/West Line EL	County Rio Arriba
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II. Workover

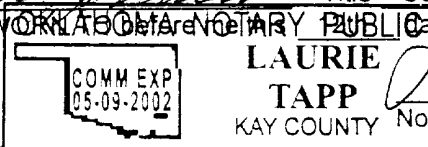
Date Workover Commenced: 10/1/99	Previous Producing Pool(s) (Prior to Workover):
Date Workover Completed: 10/5/99	

- III. Attach a description of the Workover Procedures performed to increase production.
IV. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.
V. AFFIDAVIT:

State of Oklahoma)
) ss.
County of Kay)
Marti Johnson, being first duly sworn, upon oath states:

- I am the Operator, or authorized representative of the Operator, of the above-referenced Well.
- I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
- To the best of my knowledge, this application and the data used to prepare the production curve and/or table for this Well are complete and accurate.

Signature [Signature] Title Coordinator, A & I M Date 6/12/00
SUBSCRIBED AND SWORN before me on this 6th day of June, 2000



My Commission expires _____

FOR OIL CONSERVATION DIVISION USE ONLY:

VI. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on _____.

Signature District Supervisor _____ OGD District _____ Date _____

VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

COPY

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals.		5. LEASE DESIGNATION AND SERIAL NO SF 079290A
SUBMIT IN TRIPLICATE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. IF UNIT OR CA, AGREEMENT DESIGNATION San Juan 28-7 Unit
NAME OF OPERATOR CONOCO INC.		8. WELL NAME AND NO San Juan 28-7 Unit #187
ADDRESS AND TELEPHONE NO P.O. Box 2197, DU 3066, Houston, TX 77252-2197 (281) 293-1613		9. API WELL NO 30-039-20679
LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description) 900' FNL & 990' FEL, UNIT LETTER "A", Sec. 24, T28N-R7W		10. FIELD AND POOL, OR EXPLORATORY AREA Basin Dakota
		11. COUNTY OR PARISH, STATE Rio Arriba County, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent <input checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other: Remedial	<input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water

Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1/99 MIRU spot equipment

4/99 Check well pressures. Tbg 160 psi. Csg 160 psi. Blow well down. Lock - out/ Tag - out. NDWH & NUBOP. Run 4 jts tag for fill. Tally and POOH with 1 1/2" tubing laying all tubing down in singles on the trailer. Tagged fill @ 7839', Bottom perf 7834', and PBTD @ 7848'. TOTAL 1 1/2" tubing 241 jts @ 7745' with KB added in. Talked to Engineer and decided not to fill. RIH with Mule Shoe Collar, SN and 2 3/8" tubing. Had to pick up tubing in singles from trailer. Land 2 3/8" tubing @ 30' with KB added in. TOTAL TUBING 240 jts. NDBOP & NUWH.

5/99 Check wellhead pressures. Csg 380 psi and Tbg 100 psi. Blow down tubing. Rig up sand line to swab. Initial FL @ 30'. Fluid is gas cut. Well trying to flow after each run. Made 4 runs and well started flowing. Install new (FB) plunger catcher. San location. Rig down & move off location. FINAL REPORT

I hereby certify that the foregoing is true and correct

SIGNED

Verla Johnson

TITLE VERLA JOHNSON, As Agent for Conoco Inc.

(This space for Federal or State office use)

APPROVED BY

Conditions of approval, if any

TITLE

DATE

99 OCT 13

99 OCT 13

99 OCT 13

99 OCT 13

99 OCT 13

99 OCT 13

99 OCT 13

18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

* See Instruction on Reverse Side

New Mexico Well Workover Application - MCF History

Well Workover Date = 10/1/99

NM Tax Well Workover Gas Alloc Vols.rep

Lease Name, Producing	**Curr LWP Code	API Number	Pool Name	Tax ID Code	Tax Suffix	County Name	Sect.	TWN	Range
SAN JUAN 28-7	7115069187 FRR	3003920679	BASIN DAKOTA (GAS)	1160520	F3910	RIO ARRIBA	24	28N	7W

**Curr LWP Code	**Production Date (CCYYMM)	Gas - Prod MCF Monthly (GA)
7115069187 FRR	199810	2,488
	199811	2,504
	199812	2,825
	199901	2,915
	199902	2,499
	199903	2,561
	199904	2,479
	199905	2,278
	199906	2,752
	199907	2,862
	199908	2,897
	199909	2,962
	199910	2,570
	199911	2,835
	199912	2,782
	200001	2,790
7115069187 FRR		