Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office

OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-039-07532 DISTRICT II Santa Fe. New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE [FEE X DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 009256 1. Type of Well: San Juan 29-5 Unit OIL WELL GAS WELL X OTHER 2. Name of Operator 8. Well No. Phillips Petroleum Company 017654 #30 3. Address of Operator 9. Pool name or Wildcat 5525 Highway 64, NBU 3004, Farmington, NM 87401 Blanco Mesaverde 72319 4. Well Location 1650 South 1150 Unit Letter Feet From The Line and Feet From The Line ship 29N Range 5W N 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Township NMPM Rio Arriba County 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: Add pay & stimulate OTHER: 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. ND WH & NU BOPs. POOH w/production tubing. Isolate existing Mesaverde perfs with a retrievable bridge plug (RBP). Perforate and stimulate Lewis Shale (perfs to be determined after logs are run). Retrieve RBP and run production tubing. Flow test Lewis Shale. OIL CON. DIV. A workover pit maybe required. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TITLE ___

TYPE OR PRINT NAME (This space for State Use)

APPROVED BY

ORIGINAL SIGNED BY ERNIE BUSCH

Regulatory Assistant DATE 6-11-97

JUN

TELEPHONE NO.505 - 599 - 3454

CONDITIONS OF APPROVAL, IF ANY: