

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**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.

FORM APPROVED

OMB NO. 1004-0135

Expires: November 30, 2000

5. Lease Serial No.

NM-012698

6. If Indian, Allottee or Tribe Name

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

San Juan 29-6 Unit

8. Well Name and No.

SJ 29-6 unit #89

9. API Well No.

30-039-07641

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, 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

Phillips Petroleum Company

3a. Address

5525 Highway 64, NBU 3004, Farmington, NM 87401

3b. Phone No. (include area code)

505-599-3454

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit M, 980' FSL & 840' FWL  
Section 11, T29N, R6W

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 <u>Add MV pay</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>to existing DK</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>well</u>

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 recompleat 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 recompleat 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 final site is ready for final inspection.)

Plans are to add the Mesaverde interval to the existing Dakota well and then commingle production from both zones per DHC Order R11187. The individual DHC applicaiton sundry detailing the DK forecast will be filed and approved before actual commingling occurs. Brief details of the procedure we will use are as follows:

MIRU. COOH w/production tubing. Isolate existing Dakota interval with bridge plug. Pressure test the casing and remediate with cement if casing fails pressure test. Run GR/CCL/CBL and remediate with cement if the interval completing isn't adequately covered. Perforate and stimulate the Mesaverde interval. Remove bridge plug and return well to production with the Mesaverde and Dakota commingled.

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Patsy Clugston

Title

Sr. Regulatory/Proration Clerk

Date

9/26/00

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date NOV - 7 2000

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

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, 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.

District I  
1625 N. French Dr., Hobbs, NM 88240

District II  
811 South First, Artesia, NM 88210

District III  
1000 Rio Brazos Rd., Aztec, NM 87410

District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-10  
Revised August 15, 200

OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, NM 87505

Submit to Appropriate District Office

State Lease - 4 Copie

Fee Lease - 3 Copie

200 SEP 27 PM 1:41

☐ AMENDED REPOR

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-039-07641	<sup>2</sup> Pool Code 72319	<sup>3</sup> Pool Name BLANCO MESAVERDE
<sup>4</sup> Property Code 009257	<sup>5</sup> Property Name SAN JUAN 29-6 UNIT	<sup>6</sup> Well Number 89
<sup>7</sup> OGRID No. 017654	<sup>8</sup> Operator Name PHILLIPS PETROLEUM COMPANY	<sup>9</sup> Elevation 6536'

<sup>10</sup> Surface Location

UL or lot no. M	Section 11	Township 29N	Range 6W	Lot Idn	Feet from the 980'	North/South line SOUTH	Feet from the 840'	East/West line WEST	County RIO ARriba
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no. M	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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<sup>12</sup> Dedicated Acres 320 W/2	<sup>13</sup> Joint or Infill Y	<sup>14</sup> Consolidation Code U	<sup>15</sup> Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<sup>16</sup> 	<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature Patsy Clugston Printed Name Sr. Regulatory/Proration Clerk Title September 26, 2000 Date
	<sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. See original plat dated Date of Survey 5/4/65.. Signed by Signature and Seal of Professional Surveyor: James P. Liese Certificate Number