Form 3160-5 (June 1990)		TED STATES T OF THE INTERIOR	FORM APPROVED Budget Bureau No. 1004-0135
(3000 1330)		AND MANAGEMENT	Expires: March 31, 1993 5. Lease Designation and Serial No.
SUNDRY NOTICES AND REPORTS ON WELLS			SF-078410
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			6. If Indian, Allottee or Tribe Name
	7. If Unit or CA, Agreement Designation		
SUBMIT IN TRIPLICATE 1. Type of Well Oil X Gas Well Other			San Juan 29-5 Unit 8. Well Name and No.
2. Name: of Operator Phillips Petroleum Company			SJ 29-5 Unit #19
3. Address and Telephone No. 5525 Highway 64, NBU 3004, Farmington, NM 87401 505-599-3454 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			30 - 039 - 07707 10. Field and Pool, or exploratory Area
975' FNL & 1770' FEL Section 6, T29N, R5W			Blanco Mesaverde 11. County or Parish, State
CHECK APPROPRIATE POY(s) TO INDICATE MATURE OF MOTION DEPORT			Rio Arriba, NM
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, TYPE OF SUBMISSION TYPE OF ACTION			OR OTHER DATA
	tice of Intent	TYPE OF ACTION	
[V] No	tice of intent	Abandonment Recompletion	Change of Plans New Construction
Sul	osequent Report	Plugging Back	Non-Routine Fracturing
		Casing Repair	Water Shut-Off
Fin	al Abandonment Notice	Altering Casing	Conversion to Injection
		X other Add Pay & Stimulate	Dispose Water (Note: Report results of multiple completion on Well
give subsurface	ction tubing.	pertinent details, and give pertinent dates, including estimated date of starting all depths for all markers and zones pertinent to this work.)*	, any proposed work. It well is directionally drille
Isolate exis	ting Mesaverde perf	s with retrievable bridge plug. Press	sure test casing.
	d stimulate Lewis SM uction tubing.	nale (perfs to be determined after wel	
Flow test Le	wis Shale		96 NOV 1:
A workover p	it may be required.		
14 I ben'ny cartiff the	the foregoing is true and correct		Ei o
Signed 1	sy lugter	Title Regulatory Assistant	
•	ral or State office use)		* 0 0 0 1/ 0 0
Approved by Conditions of appro-	val, if any:	Title	BOVED
		mowingly and willfully to make to any department or agency of the United S	NOV 1 9 1996 States any false, fictitious or fraudulent statements
or representations as to	any matter within its jurisdiction.	* See Instruction on Reverse Side	Oup Harrada
		for	COO STILL MANAGEK