

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.

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 B, 1090' FN1 & 1138' FEL
Section 25, T29N, R6W

FORM APPROVED

OMB NO. 1004-0135

Expires November 30, 2000

5. Lease Serial No.

NM-012671

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 #82

9. API Well No.

30-039-20357

10. Field and Pool, or Exploratory Area

Basin Dakota and
Blanco Mesaverde

11. County or Parish, State

Rio Arriba, NM

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 <u>Added L/S</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>pay to MV interval</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>& commingled MV/DK</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 recomplete 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 final site is ready for final inspection.)

12/20/00 Lockout/Tagout location. MIRU Key Energy #17. Killed well w/40 bbls clay water. ND WH & NU BOP. PT-OK. COOH w/1-1/2" tubing. RIH w/4-1/2" CIBP & set @ 5270'. Load hole and PT casing, BOP & CIBP to 500 psi, 10 minutes and 3000 psi for 20 min. Good test. COOH. Blue Jet perf'd Lewis Shale interval @ 1 spf .36" holes as follows:

4920-22', 4902-04', 4856-58', 4810-12', 4769-71', 4721-23',
4657-59', 4622-24', 4611-13', 4583-85', 4505-07', 4339-41' Total 36 holes

RIH w/FPB & set @ 4231'. Acidized perfs w/1000 gal 15% HCL & ballsealers. Released PKr & knocked balls off. COOH w/pkr. RU to frac. Pumped 34,500 gal 60 Quality N2 & 30# Borate X-link Viking XLW24 gel system w/475,100 scf N2 w/100,900# 20/40 Brady sand. ATP-2300 psi, ATR - 45 bpm. Flowed back on 1/4" and 1/2" chokes. RD flowback equipment. RIH w/mill & cleaned out fill to CIBP @ 5270'. Drilled out CIBP @ 5270' & chased debris to CIBP @ 7800'. Drilled out CIBP @ 7800'. Cleaned out fill & debris to PBTD @ 8032' (new PBTD). COOH. RIH w/1-1/2" tubing and set @ 7987' with "F" nipple set @ 7954'. ND BOP & NU WH. PT-OK. Pumped off expenable check. RD & released rig 12/30/00. Turned well over to production department to first deliver as commingled. Well commingled on 1/9/01.

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

Patsy Clugston

Title

Sr. Regulatory/Proration Clerk

Date

1/12/01

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

JUN 05 2001

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