Form	3160-5
(June	1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED				
Budget Bur	eau No.	10	04-0135	
Expires	March 3	11	1993	

BUREAU OF I	AND MANAGEMENT	5. Lease Designation and Serial No.
OUNDRY NOTICES AN	D DEDODTO ON WELLS	NM-03040-A
	D REPORTS ON WELLS	6. If Indian, Allottee or Tribe Name
• • •	or to deepen or reentry to a different reservoir.	
Use "APPLICATION FOR	PERMIT - " for such proposition   E   F   N/   E	
SUBMIT	IN TRIPLICATE	If Unit or CA, Agreement Designation
1. Type of Well	AUG 2 1 1998 1	Man Juan 29-6 Unit
Oil X Gas Other		8. Well Name and No.
2. Name of Operator	and only the	SJ 29-6 Unit #70A
Phillips Petroleum Company	<u> </u>	9. API Well No.
3. Address and Telephone No.	_	30-039-21263
5525 Highway 64, NBU 3004, Farmingt		10. Field and Pool, or exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey De	scription)	D3
Unit E, 1490' FNL & 850' FWL		Blanco Mesaverde
Section 29, T29N, R6W		11. County or Parish, State
		Rio Arriba, NM
CHECK APPROPRIATE BOX(s	) TO INDICATE NATURE OF NOTICE, REPORT,	OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
X Notice of Intent	Abandonment	Change of Plans
IA Nonce of Intent	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
		Water Shut-Off
Final Abandonment Notice	Casing Repair	
	Altering Casing   X   Other   Add pay and stimulate	Conversion to Injection
	X Other Add pay and stimulate	Dispose Water   (Note: Report results of multiple completion on Well
PT casing. If casing fails test -  If well records indicate no cement bond long (CBL). Shoot squeeze hold	duction tubing. Isolate existing Mesaverde isolate failure. Remediate with cement. across the Lewis Shale interval, it may be ness in casing and pump sufficient volumes of	necessary to run a casing
isolate the Lewis Shale.  Perforate and stimulate the Lewis S	hale (perfs to be determined after logs are	run). Retrieve bridge
plug and run production tubing. Fl	ow test the Lewis Shale.	
		<b>97</b>
A workover pit may be required.		OTO FARADARATO
		5_5
14. I hereby certify that the foregoing is true and forrect Signed	Title Regulatory Assistant	Date 8-12-98
(This page for Enders) or State off		ALIC .
(This space for Federal or State office use)  Approved by Spence	Title	1 9 1998
Conditions of approval, if any:	Inc	Date —
Title 18 U.S.C. Section 1001, makes it a crime for any person or representations as to any matter within its jurisdiction.	knowingly and willfully to make to any department or agency of the Unite	d States any false, fictitious or fraudulent statements

\* See Instruction on Reverse Side

