(June 1990) DEPARTMEN	or to deepen or reentr	T LLS y to a different reservoi		FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No. SF - 078305  6. If Indian, Allottee or Tribe Name
1. Type of Well	IN TRIPLICATE	r)ECEIV		7. If Unit or CA, Agreement Designation San Juan 29-5 Unit
2. Name of Operator Phillips Petroleum Company		OIL COAL P		8. Well Name and No.  SJ 29-5 Unit #21A  9. API Well No.
<ol> <li>Address and Telephone No.</li> <li>5525 Highway 64, NBU 3004, Farmingt</li> <li>Location of Well (Footage, Sec., T., R., M., or Survey De</li> </ol>		505-599 3454 S		30-039-21342 10. Field and Pool, or exploratory Area
Unit 0, 800' FSL & 1460' FEL Section 8, T29N, R5W			Ī	Blanco Mesaverde 11. County or Parish, State Rio Arriba NM
12. CHECK APPROPRIATE BOX(s	) TO INDICATE NAT	URE OF NOTICE, REP	PORT, C	R OTHER DATA
TYPE OF SUBMISSION	,	TYPE OF AC	CTION	
X Notice of Intent	Aban	ndonment		Change of Plans
Subsequent Report	Plug	inpletion		New Construction Non-Routine Fracturing
Final Abandonment Notice		ng Repair ing Casing r <u>Add pay &amp; stimu</u>	late	Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drillegive subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* MIRU. ND WH & NU BOPs. POOH w/production tubing. Isolate existing Mesaverde perfs with bridge plug. PT casing. If casing fails test - isolate failure. Remediate with cement.				
If well records indicate no cement bond log (CBL). Shoot squeeze holes the Lewis Shale.				
Perforate and stimulate the Lewis S plug and run production tubing. Fl			are ru	un). Retrieve bridge
A workover pit may be required.				
14. I hereby certify that the foregoing is true and correct  Signed  Signed		gulatory Assistant		
(This space for Federal of State of Fige use)  Approved by  Conditions of approval, if any:	Title	t. Eng.		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	he United S	states any false, fictitious or fraudulent statements

\* See Instruction on Reverse Side