

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMSF078459
2. Name of Operator PHILLIPS PETROLEUM COMPANY		6. If Indian, Allottee or Tribe Name
Contact: PATSY CLUGSTON E-Mail: pclugs@pco.com		7. If Unit or CA/Agreement, Name and/or No. NMNM78423C & B
3a. Address 5525 HWY. 64 FARMINGTON, NM 87401	3b. Phone No. (include area code) Ph: 505.599.3454 Fx: 505-599-3442	8. Well Name and No. SAN JUAN 32-7 UNIT 44M
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 23, T32N R7W Mer NESE 1844FSL 1189FEL 36.96306 N Lat, 107.54720 W Lon		9. API Well No. 30-045-30157
		10. Field and Pool, or Exploratory BASIN DK & BLANCO MV
		11. County or Parish, and State SAN JUAN COUNTY, 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recomple 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 recomple 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 site is ready for final inspection.)

NTL-FRA-90-1- Details of cement job as required for protection of usable water zones, like the Ojo Alamo Formation.

Date: 6/23/01 Time Started: 1500 hrs Time Completed 1645 hrs
Hole: 8-3/4" Casing Size: 7", 20#, J-55 New; Casing Set 3776 ft.
Turbo Centralizers at 2373, 2414, 2455
Spring Type Centralizers 307, 3403, 3485, 3568, 3650, 3732, 3755'
Mud Flush - 10 bbls; Spacer-20 bbls FW w/dye in last 10 bbls
Stage 1: Lead Slurry: 450 sx Type III 35/65 POZ w/6% Bentonite, #/sx Cello-flake, 5#/sx Gilsonite, 10#/sx CSE, 3% KCL, 0.4% FL-25 & 0.02#/sx Static free (1071 cf)
Tail Slurry: 50 sx (70 cf) Type 3, 1% CaC11, #/sx Cello-flake,
Volume Cement Circulated- 20 bbls to surface. Displaced Plug with 155 bbls FW.
Average Pressure-80#, Average Rate - 6 bpm; Bumped plug with 1600 psi.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #5379 verified by the BLM Well Information System For PHILLIPS PETROLEUM COMPANY, sent to the Farmington Committed to AFMSS for processing by Maurice Johnson on 07/08/2001 ()	
Name (Printed/Typed) PATSY CLUGSTON	Title AUTHORIZED REPRESENTATIVE
Signature	Date 06/29/2001

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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, make 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.

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