

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1525 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-25758
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 51810, Midland TX 79710		7. Lease Name or Unit Agreement Name James A
4. Well Location Unit Letter <u>K</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>1980</u> feet from the <u>WEST</u> line Section <u>2</u> Township <u>22S</u> Range <u>30E</u> NMPM County <u>EDDY</u>		8. Well Number 003
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 217817
		10. Pool name or Wildcat SWD

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: BH TEST ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

CONOCOPHILLIPS COMPANY CONDUCTED THE YEARLY BH TEST ON 2/13/19 - TEST PASSED

RECEIVED

MAY 03 2019

DISTRICT II-ARTESIA O.C.D.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rhonda Rogers TITLE Regulatory Technician DATE 04/16/2019

Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: 432-688-9174

For State Use Only

APPROVED BY: Daniel TITLE Compliance Officer DATE 5-14-19

Conditions of Approval (if any):

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office
BRADENHEAD TEST REPORT

Operator Name ConocoPhillips Company	API Number 3001525758
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Well Name JAMES A	Well No 003
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Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
K	2	22S	30E	1980	S	1980	W	EDDY

Well Status

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR INJ <input checked="" type="radio"/> SWD	PRODUCER OIL <input checked="" type="radio"/> GAS	DATE 2-13-19
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OBSERVED DATA

	(A) Surface	(B) Interm (1)	(C) Interm (2)	(D) Prod Csg	(E) Tubing
Pressure	Puff			<input checked="" type="radio"/>	
Flow Characteristics					CO2
Puff	<input checked="" type="radio"/> / N	Y / N	Y / N	Y / N	
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	WTR <input checked="" type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	
Down to Nothing	Y / N	Y / N	Y / N	Y / N	GAS
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	

Remarks- Please state for each string (A,B,C,D) pertinent information regarding bleed down or continuous build up if applies.

Signature:	OIL CONSERVATION DIVISION	
Print name: STEVEN W CROSS	Entered in RBDMS	
Title: Contractor MSO	Re-test	
E-mail Address: Steven.w.cross@contractor.conocophillips.com		
Date: 2-13-19	Phone: 432-9357 8448	
Witness: [Signature]		