

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MAR 10 2015

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND RECEIVED

5. Lease Serial No.
NMLC031670A

1a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Dry ☐ Other
 b. Type of Completion ☒ New Well ☐ Work Over ☐ Deepen ☐ Plug Back ☐ Diff. Resvr.
 Other _____

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

2. Name of Operator
CONOCOPHILLIPS

Contact: TAMARICA STEWART
E-Mail: tamarica.stewart@conocophillips.com

8. Lease Name and Well No.
SEMU 249

3. Address 600 NORTH DAIRY ASHFORD P-10-03-3007A
HOUSTON, TX 77079

3a. Phone No. (include area code)
Ph: 281-206-5612

9. API Well No.
30-025-42020

4. Location of Well (Report location clearly and in accordance with Federal requirements)*

At surface Lot 2 1360FSL 242FWL

At top prod interval reported below Lot 2 1360FSL 242FWL

At total depth Lot 2 1360FSL 242FWL

10. Field and Pool, or Exploratory
SKAGGS, GRAYBURG

11. Sec., T., R., M., or Block and Survey
or Area Sec 19 T20S R38E Mer NMP

12. County or Parish
LEA

13. State
NM

14. Date Spudded
08/16/2014

15. Date T.D. Reached
09/25/2014

16. Date Completed
☐ D & A ☒ Ready to Prod.
12/30/2014

17. Elevations (DF, KB, RT, GL)*
3543 KB

18. Total Depth: MD 4196
TVD 4196

19. Plug Back T.D.: MD
TVD

20. Depth Bridge Plug Set: MD
TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)
CBL

22. Was well cored? ☒ No ☐ Yes (Submit analysis)
Was DST run? ☒ No ☐ Yes (Submit analysis)
Directional Survey? ☒ No ☐ Yes (Submit analysis)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
12.250	8.625 J-55	24.0	0	1436		824	237		
7.875	5.500 L-80	17.0	0	4181		828	270		

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	4044							

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) GRAYBURG	3770	3987	3842 TO 3966			PRODUCING
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
3842 TO 3966	TOTAL ACID (15%)=2,000 GALS, TOTAL PROPPANTS=100,000

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
12/31/2014	01/05/2015	24	→	80.0	130.0	217.0	36.1		
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	250	40.0	→						

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #293593 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

MAR 20 2015

28b. Production - Interval C									
Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

28c. Production - Interval D									
Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

29. Disposition of Gas(Sold, used for fuel, vented, etc.)
CAPTURED

30. Summary of Porous Zones (Include Aquifers): Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.	31. Formation (Log) Markers
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Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
RUSTLER	1368	1448	ANHYDRITIC DOLOMITE	RUSTLER	1368
SALADO	1448	2560	HALITE (SALT) AND ANHYDRITE	SALADO	1448
TANSILL	2560	2678	ANHYDRITE/DOLOMITE	TANSILL	2560
YATES	2678	2925	ANHYDRITE/DOLOMITE W/ INTERBED	YATES	2678
SEVEN RIVERS	2925	3498	ANHYDRITIC/DOLOMITE W/ HALITE	SEVEN RIVERS	2925
QUEEN	3498	3620	SANDSTONE AND ANHYDRITIC DOLOM	QUEEN	3498
PENROSE	3620	3770	SANDSTONE AND ANHYDRITIC DOLOM	PENROSE	3620
GRAYBURG	3770	3987	ANHYDRITIC DOLOMITE	GRAYBURG	3770

32. Additional remarks (include plugging procedure):
SAN ANDRES: 3987-4196 DOLOMITE W/ MINOR ANHYDRITE 3987

33. Circle enclosed attachments:

1. Electrical/Mechanical Logs (1 full set req'd.)	2. Geologic Report	3. DST Report	4. Directional Survey
5. Sundry Notice for plugging and cement verification	6. Core Analysis	7. Other:	

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):
Electronic Submission #293593 Verified by the BLM Well Information System.
For CONOCOPHILLIPS, sent to the Hobbs

Name (please print) TAMARICA STEWART Title REGULATORY TECHNICIAN

Signature _____ (Electronic Submission) Date 03/03/2015

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.

**** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ****

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION **HOBBS OCD**
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

MAR 10 2015

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-42020		² Pool Code 57380		³ Pool Name SKAGGS; GRAYBURG	
⁴ Property Code 317670		⁵ Property Name SEMU			⁶ Well Number 249
⁷ OGRID No. 217817		⁸ Operator Name Conocophillips Company			⁹ Elevation 3543

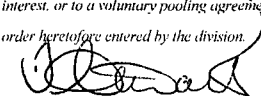
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	19	20S	38E	2	1360	NORTH	242	WEST	LEA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres 40		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

¹⁶ 1360' 242'					¹⁷ OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i>  Signature _____ Date 02/21/2015 TAMARICA STEWART Printed Name TAMARICA.STEWART@CONOCOPHILLIPS.COM E-mail Address	
						¹⁸ SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i> Date of Survey _____ Signature and Seal of Professional Surveyor: _____ Certificate Number _____

Handwritten initials