

JUN 04 2015

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION | | 5. Lease Serial No. NMLC031670A |
| 2. Name of Operator CONOCOPHILLIPS | | 6. If Indian, Allottee or Tribe Name |
| 3a. Address P.O. BOX 51810 MIDLAND, TX 79710 | | 7. If Unit or CA/Agreement, Name and/or No. |
| 3b. Phone No. (include area code) Ph: 432-688-6938 | | 8. Well Name and No. SEMU 243 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 19 T20S R38E Mer NMP SWSE 150FSL 2341FEL | | 9. API Well No. 30-025-42015 |
| | | 10. Field and Pool, or Exploratory SKAGGS; GRAYBURG |
| | | 11. County or Parish, and State LEA 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 Drilling Operations |
| | <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 recompleat 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 recompleat 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.)

Amend EC #310445

9/25/14 Ran Gamma Ray logs

10/23/14 RIH w/ CBL

2/10/15 NU Frac stack. PT csg & frac stack 2000 psi for 2 mins, 2000 psi for 2 mins & 6730 psi for 10 mins- test good.

2/12/15 RIH w/ perf gun & shot perfs @ 3782'-3995'. Pumped 12,000 gals of 15% acid. During acid stimulation the pressure on the well was monitored and documented on the treatment plot diagram (see attachment).

2/24/15 RIH w/ 118 jts, 2 3/8", 4.7#, tbg set @ 3777' & pkr set @ 3769'.

2/25/15 ND BOP NU WH. Run MIT 560#/30 mins- test good (see attachment).

W/FY-937

| | |
|--|------------------------------------|
| 14. I hereby certify that the foregoing is true and correct. Electronic Submission #303130 verified by the BLM Well Information System For CONOCOPHILLIPS, sent to the Hobbs | |
| Name (Printed/Typed) ASHLEY BERGEN | Title REGULATORY SPECIALIST |
| Signature (Electronic Submission) | Date 05/27/2015 |

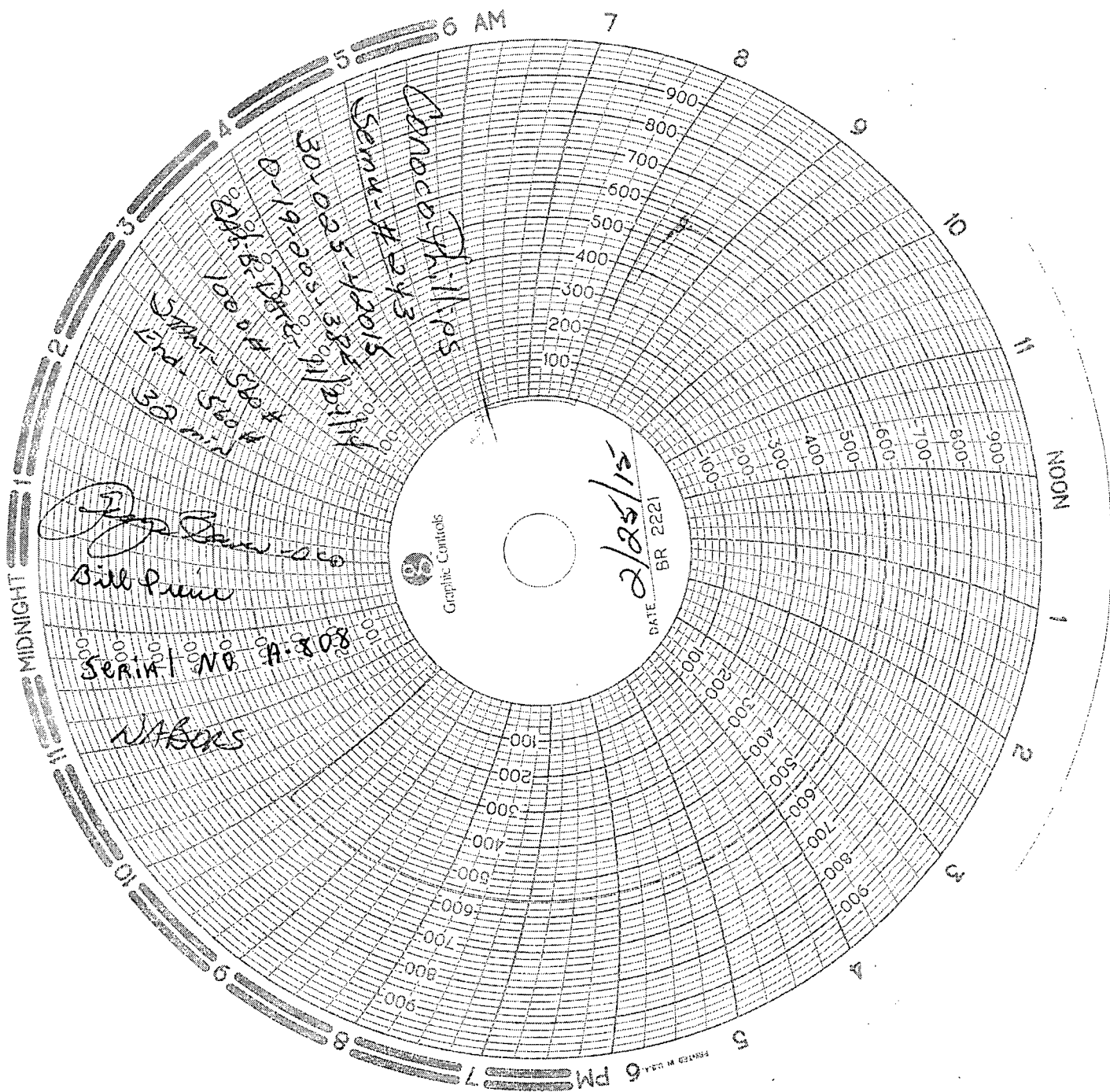
THIS SPACE FOR FEDERAL OR STATE OFFICE USE

| | | |
|---|-------------|--------------|
| 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 _____ |

For any person knowingly and willfully to make to any department or agency of the United States any matter within its jurisdiction.

E-PERMITTING <SWD -- INJECTION>**CONVERSION****RBDMS****RATOR-SUBMITTED ** OPERATOR-SUBMITTED ******RETURN TO****TA****INT to PA****P&A NR****P&A R**

JUN 16 2015



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