

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesian, 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

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

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-07812
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. FEDERAL LEASE
7. Lease Name or Unit Agreement Name SEMU PERMIAN
8. Well Number 018
9. OGRID Number 217817
10. Pool name or Wildcat SKAGGS

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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injection Well	
2. Name of Operator ConocoPhillips Company	
3. Address of Operator P. O. Box 2197, Houston, TX 77252	
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>19</u> Township <u>20S</u> Range <u>38E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>BH/5 YEAR MIT</u>	<input checked="" type="checkbox"/>

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, FORM ATTACHED

CONDUCTED THE 5 YEAR MIT ON 3/3/20 TO 560#/32 MINS- GOOD TEST, CHART ATTACHED

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 Coordinator DATE 3/9/2020

Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: 832-486-2737
For State Use Only

APPROVED BY: Gary Colman TITLE C/O A DATE 3-25-20

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 3002507812
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Well Name SEMU PERMIAN	Well No 018W
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Surface Location

UL - Lot K	SEC 19	Tnsp 20S	Range 38E	Feet From 1980	N/S Line S	Feet From 1980	E/W Line W	County LEA
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Well Status

TA'D WELL YES NO	SHUT-IN YES NO	INJECTOR INJ	PRODUCER SWD OIL GAS	DATE 3-3-20
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OBSERVED DATA

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	0	NA	NA	200	1750
Flow Characteristics					CO2
Puff	Y / N	Y / N	Y / N	Y / N	WTR
Steady Flow	Y / N	Y / N	Y / N	Y / N	GAS
Surges	Y / N	Y / N	Y / N	Y / N	
Down to Nothing	Y / N	Y / N	Y / N	Y / N	
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

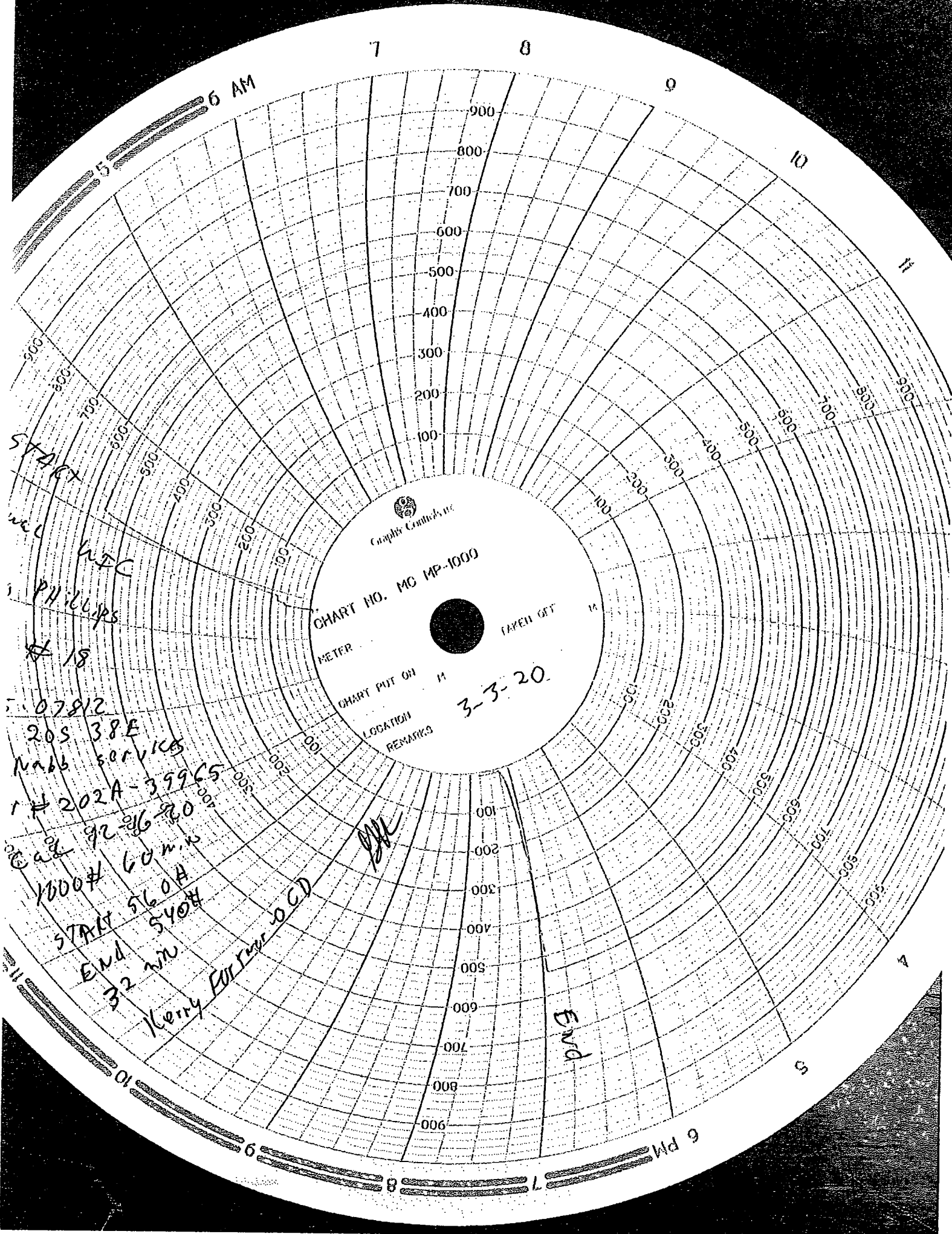
Remarks- Please state for each string (A,B,C,D) pertinent information regarding bleed down or continuous build up if applies.

MIT

McNabb Services Ser # 202A-39965 Cal 12-16-20

Signature: Erik Quiroz	OIL CONSERVATION DIVISION
Print name: Erik Quiroz	Entered in RBDMS
Title: MSO 7	Re-test [Signature]
E-mail Address: Erik.Quiroz@ConocoPhillips.com	
Date: 3-3-20	Phone:
	Witness: Kerry Fortner-OCD

263-6633



Grapher Controls Inc

CHART NO. MC MP-1000

METER

CHART PUT ON

3-3-20

LOCATION
REMARKS

START
W.C. PHILLIPS
18

07812
20S 38E
NABBS SERVICE
1# 202A-39965
92-216-20
60W
1000#
START 560A
END 540H
32 W
Kerry Former OCD

End