

\* 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., 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

HOBBS OGD  
MAR 16 2020  
RECEIVED

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-104) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-42019
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injection Well <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No. FEDERAL LEASE
3. Address of Operator P. O. Box 2197, Houston, TX 77252		7. Lease Name or Unit Agreement Name SEMU
4. Well Location Unit Letter <u>H</u> : <u>2139</u> feet from the <u>NORTH</u> line and <u>265</u> feet from the <u>EAST</u> line Section <u>24</u> Township <u>20S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number 247
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 217817
		10. Pool name or Wildcat SKAGGS

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 565#/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: rogers@conocophillips.com PHONE: 832-486-2737

For State Use Only

APPROVED BY: Kerry Int TITLE C O A DATE 3-27-20

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 <b>ConocoPhillips Company</b>	API Number <b>3002542019</b>
Well Name <b>SEMU</b>	Well No <b>247W</b>

**Surface Location**

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
H	24	20S	37E	2139	N	265	E	LEA

**Well Status**

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> SWD	PRODUCER OIL <input checked="" type="radio"/> GAS	DATE <b>3-3-20</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>ND</b>	<b>ND</b>	<b>82</b>	<b>533</b>
Flow Characteristics					CO2___
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	WTR___
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS___
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Down to Nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	

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

Signature: <b>[Signature]</b>	OIL CONSERVATION DIVISION
Print name: <b>Errik Quinoz</b>	Entered in RBDMS
Title: <b>MSO 7</b>	Re-test
E-mail Address: <b>errik.b. Quinoz@conocoPhillips.com</b>	
Date: <b>3-3-20</b>	
Phone:	
Witness: <b>Kerry Fortner - OED</b>	

575-263-6633

