

HOBBS

APR 10 2020

Form C-103

Revised July 18, 2013

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

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

RECEIVED

WELL API NO.

30-025-07817

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil &amp; Gas Lease No.

FEDERAL LEASE

7. Lease Name or Unit Agreement Name

SEMURMIAN

8. Well Number 031

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 ☐ Gas Well ☐ Other ☐ Injection Well

2. Name of Operator

ConocoPhillips Company

3. Address of Operator

P. O. Box 2197, Houston, TX 77252

4. Well Location

Unit Letter C : 660 feet from the NORTH line and 1980 feet from the WEST lineSection 19 Township 20S Range 38E NMPM County LEA

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:

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/5 YEAR MIT ☒

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 575#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 3/9/2020Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: 832-486-2737

For State Use Only

APPROVED BY: Shay Kolman TITLE Compliance Officer DATE 5-5-20

Conditions of Approval (if any):

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

HOBBS OCD

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RECEIVED

Operator Name <b>ConocoPhillips Company</b>	API Number <b>3002507817</b>
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Well Name <b>SEMU PERMIAN</b>	Well No <b>031W</b>
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Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
C	19	20S	38E	660	N	1980	W	LEA

Well Status

TA'D WELL YES <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/>	PRODUCER OIL <input checked="" type="checkbox"/>	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	0	140	NA	0	1750
Flow Characteristics					CO2
Puff	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	WTR
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	GAS
Surges	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	
Down to Nothing	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	
Water	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	

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

MAET  
McNabb Services  
Ser# 202A-39965  
Cal 12-16-19

Signature: <b>Erik Quinoz</b>	OIL CONSERVATION DIVISION
Print name: <b>Erik Quinoz</b>	Entered in RBDMS
Title: <b>M507</b>	Re-test <b>[Signature]</b>
E-mail Address: <b>erik.b.Quinoz@conocophillips.com</b>	
Date: <b>3-3-20</b>	Phone:
Witness: <b>Kerry Fortner-OCD</b>	

575-263-6633

6 AM

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HOBBS OCD

APR 10 2020

RECEIVED

CHART NO. MC MP-1000

METER

CHART PUT ON

TAKEN OFF

LOCATION  
REMARKS

3-3-20

START  
usual  
47C  
Phillips  
Permian #31

5-10 7817  
19 205 38E  
id Webb Services  
Ser H 202A-39965  
CAL 12-16-19  
1000# 60 min  
START 575#  
END 565#  
32 min  
Kerry Forster

6 PM