

PNRM0727533273

C-103 Received 9-24-2007
DHC No. Assigned 10-2-2007

Order Number		API Number		Operator		County	
HOB-0217		30-025-38105		ConocoPhillips Company		Lea	
Order Date		Well Name		Number		Location	
		SEMU		174		E 14 20S 37E	
						UL Sec T (+Dir) R (+Dir)	
				Oil %		Gas %	
Pool 1	63800	Weir Blinebry, East		91%		24%	
Pool 2	47090	Monument Tubb		5%		38%	
Pool 3	63840	Weir Drinkard		4%		38%	
Pool 4							
Comments: Work completed effective _____ Work cancelled effective _____							

Posted to
RBDMS
10-2-2007

DOWNHOLE COMMINGLE CALCULATIONS:

30-025-38105
HOB-0217

OPERATOR: ConocoPhillips Company

PROPERTY NAME: SEMU

WNULSTR: 174 -E, 14-20-37

SECTION I:

POOL NO. 1 Weir Blinebry, East

ALLOWABLE AMOUNT

107 1070 MCF 10000

POOL NO. 2 Monument Tubb.

222 2220 MCF 10000

POOL NO. 3 Weir Drinkard

142 1420 MCF 10000

POOL NO. 4 _____

POOL TOTALS 471 4710 MCF

SECTION II:

POOL NO. 1 Weir Blinebry, East

Oil Gas
91% X 471 = 428.61 24%

POOL NO. 2 Monument Tubb.

5% 38%

POOL NO. 3 Weir Drinkard

4% 38%

POOL NO. 4 _____

OIL

GAS

SECTION III:

$107 \div 91\% = 117.582 (118)$

SECTION IV:

$118 \times 91\% = 107.38 (107)$

$118 \times 5\% = 5.90 (6)$

$118 \times 4\% = 4.72 (5)$

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
10 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised June 10, 2003

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

WELL API NO.	30-025-38105
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	SEMU
8. Well Number	174
9. OGRID Number	217817
10. Pool name or Wildcat	Weir; Blinebry E./Monument;Tubb/Weir; Drink.
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3550' GL

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

2. Name of Operator
ConocoPhillips Company

3. Address of Operator 3300 N. "A" Street
Midland, TX 79705-5406

4. Well Location
Unit Letter E : 2309 feet from the North line and 765 feet from the West line
Section 14 Township 20S Range 37E NMPM County LEA

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

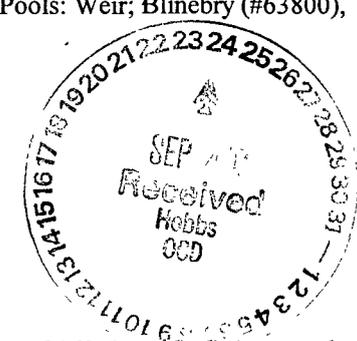
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
DRILL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: DOWNHOLE COMMINGLE <input checked="" type="checkbox"/>		OTHER: <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.
Per Order #R-11363; ConocoPhillips intends to downhole commingle the NM OCD Pre-Approved Pools: Weir; Blinebry (#63800), Monument Tubb (#47090) and Weir; Drinkard (#63840)

East The perforated intervals for each Pool are as follows:
Weir; Blinebry (#63800) 5595'-5856'
Monument; Tubb (#47090) 6647'-66677'
Weir; Drinkard (#63840) 6679'-6791'

Commingling these pools will not reduce the value of the total remaining production.
The ownership working %'s between the two intervals are identical
The Bureau of Land Management has been forwarded a copy of the commingling request (BLM Form 3160-5 attached) Approved 7/19/2007

DHC Order No. HOB-0217



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Alva Franco TITLE Regulatory Specialist DATE 09/19/2007

Name or print name Alva Franco E-mail address: alva.franco@conocophillips.com Telephone No. (432)688-6906
(Leave space for State use)

APPROVED BY Chris Williams TITLE DISTRICT SUPERVISOR/GENERAL MANAGER DATE SEP 27 2007

Conditions of approval, if any:

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

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 Oil Well Gas Well Other

2. Name of Operator
ConocoPhillips Company

3a. Address 3b. Phone No. (include area code)
3300 N. "A" Street, Midland TX 79705-5406 (432)688-6906

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2309' FNL & 765' FWL
UL "E", Sec. 14, T-20-S, R-37-E

5. Lease Serial No.
NM-0557686

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
NM 71041X

8. Well Name and No.
SEMU #174

9. API Well No.
30-025-38105

10. Field and Pool, or Exploratory Area
Weir; Blinebry/E./Monument; Tubb/Weir; Dr

11. County or Parish, State
Lea
New Mexico

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 <u>Downhole</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Commingle</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>Percentages</u>

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 recomplete 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 recompletion 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.)

	OIL	WATER	GAS
East Weir; Blinebry (63800)	91%	85%	24%
Monument; Tubb (47090)	4.5%	7.5%	38%
Weir; Drinkard (61840)	4.5%	7.5%	38%

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed) Alva Franco Title Regulatory Specialist

Signature *Alva Franco* Date 09/19/2007

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by Chris Williams OC DISTRICT SUPERVISOR/GENERAL MANAGER SEP 27 2007

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

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.

(Instructions on page 2)

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1000 Rio Brazos Rd., Aztec, NM 87410
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State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised October 12, 2005
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies
 AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

'API Number 30-025-38105		'Pool Code 63800 63900		'Pool Name WEIR; BLINEBRY EAST	
'Property Code 31670	'Property Name SEMU			'Well Number 174	
'OGRID No. 217817	'Operator Name CONOCOPHILLIPS CO.			'Elevation 3550	

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	14	20S	37E		2309	NORTH	765	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				
<table border="1"> <tr> <td>" Dedicated Acres AD</td> <td>" Joint or Infill</td> <td>" Consolidation Code</td> <td>" Order No.</td> </tr> </table>										" Dedicated Acres AD	" Joint or Infill	" Consolidation Code	" Order No.
" Dedicated Acres AD	" Joint or Infill	" Consolidation Code	" 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.

<p>16</p>	<p>¹⁷ OPERATOR CERTIFICATION 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.</p> <p>Signature: <i>Deborah Marberry</i> Date: 7/24/06</p> <p>DEBORAH MARBERRY Printed Name</p>			
	<p>¹⁸ SURVEYOR CERTIFICATION 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.</p>			
	<p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p>			
	<p>Certificate Number</p>			

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WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-38105		Pool Code 47090	Pool Name MONUMENT;TUBB
Property Code 31670	Property Name SEMU		Well Number 174
OGRID No. 217817	Operator Name CONOCOPHILLIPS CO.		Elevation 3550

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	14	20S	37E		2309	NORTH	765	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
" Dedicated Acres 80 " Joint or Infill " Consolidation Code " 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 2309' 765'					<p>17 OPERATOR CERTIFICATION 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.</p> <p><i>Deborah Marberry</i> Signature _____ Date 7/24/06 DEBORAH MARBERRY Printed Name</p>
				<p>18 SURVEYOR CERTIFICATION 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.</p> <p>Date of Survey _____ Signature and Seal of Professional Surveyor: _____ Certificate Number _____</p>	

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 AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

' API Number 30-025-38105		' Pool Code 63840	' Pool Name WEIR; DRINKARD	
' Property Code 31670	SEMU		' Property Name	' Well Number 174
' OGRID No. 217817	CONOCOPHILLIPS CO.		' Operator Name	' Elevation 3550

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	14	20S	37E		2309	NORTH	765	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
" Dedicated Acres 2.0 " Joint or Infill " Consolidation Code " 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.

<p>16</p>					<p>¹⁷ OPERATOR CERTIFICATION</p> <p>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.</p> <p><i>Deborah Marberry</i> Signature Date 7/24/06</p> <p>DEBORAH MARBERRY Printed Name</p>
					<p>¹⁸ SURVEYOR CERTIFICATION</p> <p>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.</p>
					<p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p>
					<p>Certificate Number</p>