

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, Environment and Natural Resources

RECEIVED
MAR 12 2020
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
SANTA FE, NM 87505
EMNR-OC-DARTESIA

Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-015-
1. Type of Well: Oil Well ☐ Gas Well ☐ Other Injection Well ☐		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 2197, Houston, TX 77252		7. Lease Name or Unit Agreement Name James A
4. Well Location Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line Section 2 Township 22S Range 30E NMPM County EDDY		8. Well Number
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 217817
		10. Pool name or Wildcat Cabin Lake, Delaware

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: Bradenhead Test forms ☒

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 BH test for the James A 003 (30-015-25758) and James A 012 (30-015-26761)

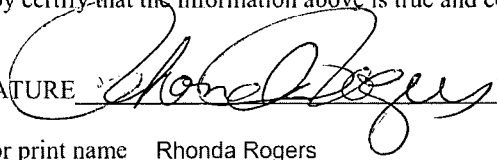
BH test forms attached.

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



TITLE Regulatory Coordinator

DATE 3/9/2020

Type or print name Rhonda Rogers

E-mail address: rogerr@conocophillips.com

PHONE: 832-486-2737

For State Use Only

APPROVED BY:



TITLE Compliance Officer

DATE 4-1-20

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 3001526761
Well Name JAMES A		Well No 012W

Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
P	2	22S	30E	1250	S	1150	E	EDDY

Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR (INJ)	PRODUCER OIL	DATE 2-13-20
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OBSERVED DATA

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure 110					
Flow Characteristics		N/A	N/A		CO2
Puff	Y / N	Y / N	D / 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	D / N	Y / N	

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

Very little clear Fluid

Signature: Dan Smolik	OIL CONSERVATION DIVISION
Print name: Dan Smolik	Entered in RBDMS
Title: Compliance Officer	Re-test
E-mail Address: danny.smolik@state.nm.us	
Date: 2-13-20	Phone: 575-626-0836
	Witness: Jaime Espinoza

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

Operator Name	API Number
ConocoPhillips Company	3001525758

Well Name	Well No
JAMES A	003W

Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
K	2	22S	30E	1980	S	1980	W	EDDY

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES	YES	SWD	OIL	GAS
NO	NO	NO		2-13-20

OBSERVED DATA

	(A) Surface	(B) Interm (1)	(C) Interm (2)	(D) Prod Csg	(E) Tubing
Pressure	800				
Flow Characteristics	Slight UAC	NA	NA		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.

Surface casing on slight UAC.

Signature: Dan Smalik	OIL CONSERVATION DIVISION
Print name: Dan Smalik	Entered in RBDMS
Title: Compliance Officer	Re-test
E-mail Address:	
Date: 2-13-20	Phone: 575-626-0836
Witness: Javier Espinoza	