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

RECEIVED
MAR 12 2020
EMNRD-OCD ARTESIA

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

Form C-103
Revised July 18, 2013

WELL API NO. 30-015-
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: James A
1. Type of Well: Oil Well [ ] Gas Well [ ] Other Injection Well
8. Well Number
2. Name of Operator: ConocoPhillips Company
9. OGRID Number: 217817
3. Address of Operator: P. O. Box 2197. Houston, TX 77252
10. Pool name or Wildcat: Cabin Lake; Delaware
4. Well Location
Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line
Section 2 Township 22S Range 30E NMPM County EDDY
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 | [ ] | PLUG AND ABANDON | [ ] | REMEDIAL WORK | [ ] | ALTERING CASING | [ ] |
| TEMPORARILY ABANDON | [ ] | CHANGE PLANS | [ ] | COMMENCE DRILLING OPNS. | [ ] | P AND A | [ ] |
| PULL OR ALTER CASING | [ ] | MULTIPLE COMPL | [ ] | CASING/CEMENT JOB | [ ] | | |
| DOWNHOLE COMMINGLE | [ ] | | | | | | |
| CLOSED-LOOP SYSTEM | [ ] | | | | | | |
| OTHER: | [ ] | | | OTHER: Bradenhead Test forms | [X] | | |

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 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: Dean TITLE Compliance Officer DATE 4-1-20

Conditions of Approval (if any):

District 1
1625 N. French Dr., Hobbs NM 88240
Phone(575)393-6161 Fax: (575)939-0720

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

| Operator Name | API Number |
|---|---|
| Conocophillips Company | 3001526761 |

| Well Name | Well No |
|---|---|
| JAMES A<br>Hobb | 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 | SHUT-IN | INJECTOR | PRODUCER | DATE |
|---|---|---|---|---|
| YES (NO) | YES (NO) | (INJ) SWD | OIL GAS | 2-13-20 |

# 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 | (Y) / N | Y / N | |
| Steady Flow | Y / N | Y / N | Y / N | Y / N | WTR____ |
| Surges | Y / N | Y / N | Y / N | Y / N | |
| Down to Nothing | (Y) / N | Y / N | Y / N | Y / N | GAS____ |
| 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.

very little clear fluid

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

District 1
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Phone(575)393-6161 Fax: (575)939-0720

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

| Operator Name | API Number |
|---|---|
| ConocoPhillips Company | 3001525758 |

| Well Name | Well No |
|---|---|
| JAMES A<br>Hobb | 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 | (NO) | YES | (NO) | (INJ) | SWD | OIL | GAS | 2-13-20 |

# OBSERVED DATA

| | (A)Surface | (B)Interm (1) | (C)Interm (2) | (D) Prod Csg | (E)Tubing |
|---|---|---|---|---|---|
| Pressure 800 | | | | | |
| Flow Characteristics | Slight Vac | NA | NA | | CO2____ |
| Puff | Y / N | Y / N | Y / N | (Y) / N | |
| Steady Flow | Y / N | Y / N | Y / N | Y / N | WTR____ |
| Surges | Y / N | Y / N | Y / N | Y / N | |
| Down to Nothing | Y / N | Y / N | Y / N | Y / N | GAS____ |
| 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 Vac.

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