* i					
Submit 3'Copies To Appropriate District	State of New Me	exico		Form C-103	
Office District I	Energy, Minerals and Natu	ral Resources		Jun 19, 2008	
1625 N, Prench, Dr., Hobbs, NM 88240			WELL API NO.		
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	DIVISION		39 -24807	
District III	1220 South St. Fran		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87		STATE State Oil & Gas		
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa 1 6, 14141 67	303		2-2893	
87505					
	CES AND REPORTS ON WELLS			Jnit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC			San Ju	an 29-6 Unit (SWD)	
PROPOSALS.)	ATION TORTERMIT (FORM C-101) TO	JK 50CH	0 17 11 1 2		
	Gas Well 🛛 Other P&A		8. Well Number 3	01 	
2. Name of Operator			9. OGRID Number	•	
ConocoPhillips Company			<del></del>	17817	
3. Address of Operator			10. Pool name or Wildcat		
P.O. Box 4289, Farmington, NM 8	7499-4289		Morrison	Bluff Entrada	
4. Well Location					
Unit Letter P: 350	feet from the South	line and350_	feet from the	<u>East</u> line	
Section 2	Township 29N Rai	nge <b>6W</b>	NMPM Rio Ari	riba County	
	11. Elevation (Show whether DR, 6434'				
12 Check A	ppropriate Box to Indicate N		Report or Other D	)ata	
12. Check 7	ppropriate Box to maleate 14	atare or motice,	report of Other L	zata	
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REP	ORT OF:	
PERFORM REMEDIAL WORK 🗌	PLUG AND ABANDON 🔲	REMEDIAL WOR	K 🗌 A	ALTERING CASING 🔲	
TEMPORARILY ABANDON 🛛	TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐			AND A	
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB					
DOWNHOLE COMMINGLE					
ATUED [7]		OTHER MIN	L. H. J.T. I.D.		
OTHER:	eted operations. (Clearly state all p		den Head Test Repor		
	rk). SEE RULE 1103. For Multip				
or recompletion.	rk). SEE ROLE 1103. For Multip	ic Completions. At	tach welloofe diagram	ii of proposed completion	
or recompletion.			OIL	CONS. DIV DIST. 3	
The subject well had a braden he	ead test performed on 12/16/14. Rep	port is attached.		3 12 PIG DIA DIS	
-	- -			DEC 2 2 2014	
0.104	n' n l	ID-4		2014	
Spud Date:	Kig Kele	ased Date:			
I hereby certify that the information a	above is true and complete to the bo	est of my knowledg	e and belief.		
SIGNAPURE	TITLE	Staff Regulatory	Technician DATE	E 12/22/14	
Type or print name Kenny Davis	_E-mail address: kenny.r.d	avis@conocophillip	os com PHONE: 4	50 <u>5</u> -599 <u>-</u> 4045	
For State Use Only	1-				
To State OSC Only	JE // \ DE	PUTY OIL&	GAS INSPECT	DATE JAN 2 2 2015	
APPROVED BY: \ \_\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	( Cellell TITLE_	DISTR	ICT #3	DATE Z Z Z'	
Conditions of Approval (if any):					
~	<u> </u>				

END OF ORDER

### ConocoPhillips Co.

PLANNED MAINT. <internalOrderSettlement>

BUS2007-000020454683-PRD

Order 20454683 Sup. Order

Ord.type PM05 Act type P01

Planning grp F05

F10000001317 M.Plan Them : 5283

Priority REL PRT NMAT PRC SETC STATUS

Description SWD/HSE PPM, 5Y, MIT

DUE DATE 11/29/2014

Func, Loc.

Equipment

HZ-F1-SJN-FA00005-00006640-00013113

504 Location 30N06N06

Main WC.

SJ 31-6 WELL 301 SWD OCC/TRRC Number 5

Field Name

Meter ID Number

Cost Center A065033

ABC ind. A

Begin Guarantee

Warranty End

Sort Field **RUN 504** Manufacturer Manuf. Serial no:

Model no Technical ID no:

Size/Dimension :

Operation list

Sub Description Workcenter

SWD/HSE PPM, 5Y, MIT

0010

PPM, 5Y, MIT TEST

CMISCSVN

PPM, 5Y, MIT TEST

1. LICAL WSI OR HIGH TECH TOOLS TO SCHEDULE A PRE-TEST 2. TONCE PRE-TEST IS COMPLETE CALL OCD TO SCHEDULE A WITNESSED TEST

3. ( 1) PRESSURE UP CASING TO A MINIMUM OF 4004

I HOLD THIS PRESSURE FOR 30 MINUTES

HAVE THE COMPLETED CHART SIGNED BY THE SWD EMPLOYEE AS WELL AS THE OCD REPRESENTATIVE

NOTE: SWD EMPLOYEE MUST RETAIN THE CHART AND RETURN IT TO SASHA NEUMANN ALONG WITH THE COMPLETED PM PAPERWORK WITHIN 3 WORKING DAYS OF COMPLETING TEST. IF WELL IS LOCATED IN NEW MEXICO CONTACT NMOCD PRIOR TO CONDUCTING TEST. CONTACT INFORMATION IS LOCATED IN THE WELL TEST DATA BASE. IF WELL IS IN COLORADO CONTACT DOLLIE BUSSE 72 HOURS PRIOR TO CONDUCTING TEST. REGULATORY WILL NEED TO PROVIDE WRITTEN NOTIFICATION TO COGCC PRIOR TO TESTING ON COLORADO WELLS.

## NEW MEXICO ENERGY, MINERALS & NATURAL RESOURCES DEPARTMENT

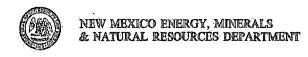
CIL CONSERVATION DIVISION
AZTEC USTRECT CEFFCE
1000 DIO BILLAZOS ROAD
AZTEC ERE 17410
(ESS) 3346-9470 FAIL (203) 3346-170
INDEMNINAL SIR LINE SIR L

# BRADENHEAD TEST REPORT (submit 1 copy to above address)

(strome)	copy to above address)			
Date of Test 1211114 Operator COl Dud Jum API #30-0 39.24549.				
Property Name SJ 31. CAD Well No. 3	Property Name 5 31. (AD Well No. 20/ Location: Unit Section & Township 30 Range &			
Well Status (Shut-in or Producing) Initial PSI: Tubing 101/10 Intermediate 4/ Casing 4/ Bradenhead >				
OPEN BRADENHEAD AND INTERMEDIATE	IO ATMOSPEERE INDIVIDUALLY F	OR 15 MINUTES EACH		
PRESSURE Testing Bradenhead INTERM BH Int Csg Int Csg	FLOW CHARAC BRADENHEAD IN	TERISTICS TERMEDIATE		
TIME 5 min 0 81 -8 70 -8	Steady Flow			
10 min 0 81 -8 19 -8	Surges	· · · · · · · · · · · · · · · · · · ·		
20 min 16 -8	Nothing			
25 min /D - 8	Gas			
30 min 5 -8	Gas & Water			
	Water			
If bradenhead flowed water, check all of the description	s that apply below:			
. CLEAR FRESH SALTY SULFUR BLACK				
5 Minute shut-in pressure bradenhead $\overline{\mathcal{O}}$ intermediate $\overline{\mathcal{G}}$				
REMARKS: I'm 5 seconds to dead				
Tit = Hyk os for to minute, but in Re 5 min & 5 ps.				
build to Files firs A-valing be day total anothis proper				
By Doly Did fritin Witness of Journal Lichland				
(Position)	$\sim$			
E-mail address		•		

# ConocoPhillips Co.

BRADEN HEAD TEST  4. [ FILL OUT A PAPER COPY OF THE TEST AND ENTER THE TEST RESULTS IN THE BRADEN HEAD TESTING DATABASE  NOTE: SWD EMPLOYEE MUST REATIN PAPER COPY OF THE TEST RESULTS AND TURN IT IN ALONG WITH THE COMPLETED PM PAPERMORK TO SASHA NEUMANN WITHIN 3 WORKING DAYS OF COMPLETINGTEST.  BIGNATURE: DATE: 17.16.19	ORDER: 20485045 PLANNED MAINT. < Internal OrderSettlement> BUS2007-000020485045-PRD							
Func. Loc.  #Z-F1-SJS-FA00025-00006586-00013059  SJ 29-6 WELL 301 SWD  OCC/TRRC Number Field Name Meter ID Number  Equipment  ### Cost Cantor A053992  ABC ind. A  ### Begin Guarantee Warranty End  ### Sort Field  ### Round Run 554  ### Manufacturer  ### Morkcenter  ### Morkcenter	Sup. Order Flanning grp Priority STATUS	F25 P REL NMAT PRC SETC	Act.type M.Plan Item	P01	Main	ЮĊ	TSWDS	
SJ 29-6 WELL 301 SWD Room 29N06W02  OCC/TRRC Number Field Name Meter ID Number  Equipment  Regin Guarantee Warranty End  Sort Field Run 554  Regin Guarantee Warranty End  Sort Field Run 554  Ranufacturer  Manuf. Serial no: Model no : Technical ID no: Size/Dimension :  Operation list Op Sub Description Op10 PPM, 6M, BRADENHEAD TEST CMISCSVN  PPM, 6M, BRADENHEAD TEST  1. [ SHUT IN INTERNEDIATE AND BRADEN HEAD VALVES FOR 24 HOURS PRIOR TO TESTING 2. [ CALL CCD TO SCHEDULE A WITHESSED TEST. IF OCD AUTHORIZES THE TEST TO BE COMPLETED WITHOUT THEM PRESENT PROCEED WITH THE TEST 3. [ TFOLLOW THE GUIDELINES LISTED IN THE WELL TEST PROCESS MANUAL TO COMPLETE THE BRADEN HEAD TEST  NOTE: SWD EMPLOYEE MUST REATIN PAPER COPY OF THE TEST RESULTS IN THE BRADEN HEAD TESTING DATABASE  NOTE: SWD EMPLOYEE MUST REATIN PAPER COPY OF THE TEST RESULTS AND TURN IT IN ALONG WITH THE COMPLETED EM PAPERMORN TO SASHA NEUMANN WITHIN 3 WORKING DAYS OF CONPLETING- TEST.  SIGNATURE: DATE: 17 16 16 16 16 16 16 16 16 16 16 16 16 16	DUE DATE 11/2	6/2014						
Equipment  Begin Guarantee Warranty End  Sort Field RUN 554  Manufacturer: Manuf, Serial no: Model no : Technical ID no: Size/Dimension :  Operation list Op Sub Description Op10 PPM, 6M, BRADENHEAD TEST CMISCSVN  PPM, 6M, BRADENHEAD TEST  1. [ SHUT IN INTERMEDIATE AND BRADEN HEAD VALVES FOR 24 HOURS PRIOR TO TESTING 2. [ CALL CCD TO SCHEDULE A WITNESSED TEST. IF CCD AUTHORIZES THE TEST TO BE COMPLETED WITHOUT THEM PRESENT PROCESO WITH THE TEST 3. [ FIGLOW THE GUIDELINGS LISTED IN THE WELL TEST PROCESS MANUAL TO COMPLETE THE BRADEN HEAD TEST  4. [ FILL OUT A PAPER COPY OF THE TEST AND ENTER THE TEST RESULTS IN THE BRADEN HEAD TESTING DATABASE  NOTE: SWD EMPLOYEE MUST REATIN PAPER COPY OF THE TEST RESULTS AND TURN IT IN ALONG WITH THE COMPLETED EM PAPERMORN TO SASHA NEUMANN WITHIN 3 WORKING DAYS OF CONPLETING- TEST.	Func. Loc.	SJ 29-6 WELL 301 S OCC/TRRC Number Field Name		00013059			lon	
Manufacturer: Manuf. Serial no: Model no : Technical ID no: Sixe/Dimension :  Operation list Op Sub Description Morkcenter O010 PPM, 6M, BRADENHEAD TEST CMISCSVN  PPM, 6M, BRADENHEAD TEST  1. [ SHUT IN INTERMEDIATE AND BRADEN HEAD VALVES FOR 24 HOURS PRIOR TO TESTING 2. [ CALL CCD TO SCHEDULE A WITNESSED TEST. IF CCD AUTHORIZES THE TEST TO BE COMPLETED WITHOUT THEM PRESENT PROCEED WITH THE TEST 3. [ FOLLOW THE GUIDELINGS LISTED IN THE WELL TEST PROCESS MANUAL TO COMPLETE THE BRADEN HEAD TEST 4. [ FILL OUT A PAPER COPY OF THE TEST AND ENTER THE TEST RESULTS IN THE BRADEN HEAD TESTING DATABASE  NOTE: SWD EMPLOYEE MUST REATIN PAPER COPY OF THE TEST RESULTS AND TURN IT IN ALONG WITH THE COMPLETED EM PAPERMORK TO SASHA NEUMANN WITHIN 3 WORKING DAYS OF CONPLETING- TEST.  SIGNATURE: DATE: 17 16 16 16 16 16 16 16 16 16 16 16 16 16	Equipment	Begin Guarantee		•				
OP SUB DESCRIPTION MORKCENTER  OOLO PPM, 6M, BRADENHEAD TEST  1. [ SHUT IN INTERMEDIATE AND BRADEN HEAD VALVES FOR 24 HOURS PRIOR TO TESTING 2. [ CALL OCD TO SCHEDULE A WITNESSED TEST. IF OCD AUTHORIZES THE TEST TO BE COMPLETED WITHOUT THEM PRESENT PROCEED WITH THE TEST 3. [ FOLLOW THE GUIDELINES LISTED IN THE WELL TEST PROCESS MANUAL TO COMPLETE THE BRADEN HEAD TEST.  4. [ FILL OUT A PAPER COPY OF THE TEST AND ENTER THE TEST RESULTS IN THE BRADEN HEAD TESTING DATABASE  MOTE: SWD EMPLOYEE MUST REATIN PAPER COPY OF THE TEST RESULTS AND TURN IT IN ALONG WITH THE COMPLETED PM PAPERMORK TO SASHA NEUMANN WITHIN 3 WORKING DAYS OF COMPLETING- TEST.  SIGNATURE: DATE: 17 16 16 16 16 16 16 16 16 16 16 16 16 16	Manufacturer Manuf, Serial Model no Technical ID	: no: : no:						
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WITH THE COMPLETED PM PAPERMORK TO SASHA NEUMANN WITHIN 3 WORKING DAYS OF COMPLETING- TEST.  DATE: 12.16.14	1. [ SHUT IN INTERMEDIATE AND BRADEN HEAD VALVES FOR 24 HOURS PRIOR TO TESTING 2. [ CALL OCD TO SCHEDULE A WITNESSED TEST. IF OCD AUTHORIZES THE TEST TO BE COMPLETED WITHOUT THEM PRESENT PROCEED WITH THE TEST 3. [ ] FOLLON THE GUIDELINES LISTED IN THE WELL TEST PROCESS MANUAL TO COMPLETE THE BRADEN HEAD TEST 4. [ FILL OUT A PAPER COPY OF THE TEST AND ENTER THE TEST RESULTS IN THE BRADEN HEAD TESTING DATABASE							
·								
END OF ORDER								



CIL CONSERVATION DIVISION
AZTEC USTRUCT OFFERS
1000 RIO BLAZOS ROAD
AZTEC RID 37419
(263) 344-470 FAX: (863) 334-6170
http://orned.etate.arm.we/ord/Dieb/et/Et/UJJdfabito.html

#### BRADENHEAD TEST REPORT

(submit 1 copy to above address)

Date of Test 12.14. 2014 Operator OP Thursday API #30-0 35 24807				
Property Name SJ 29- 6 SWO Well No. 30	Location: Unit_Section_Township_Range			
Well Status(Shut-In or Producing) Initial PSI: Tub	ingIntermediate_Casing -/ Bradenhead 58			
OPEN BRADENHEAD AND INTERMEDIATE TO	O ATMOSPHERB INDIVIDUALLY FOR 15 MINUTES EACH			
PRESSURE Testing Bradenhead INTERM BH Jat Csg Int Csg	FLOW CHARACTERISTICS BRADENHEAD INTERMEDIATE			
TIME 5 min 0 0 -2 0 -2	Steady Flow			
10 min 0 0 -2 0 -2	Surges			
15,min 0 0 -2 0 -2	Down to Nothing			
20 min 0 0 -2	Nothing			
25 min 2	Gns			
30 min 0	Gas & Water			
Water				
CLEAR FRESH SALTY SULFUR BLACK				
5 MINUTE SHUT-IN PRESSURE BRADENHEAD 4 INTERMEDIATE 0				
REMARKS: DH I second blow & med & Fix LAt Has, D2:				
to Mother Remarks of took 15 30 min / Int Vaccin -04				
dead in 9 second a le court linet de de Gres Anine				
Witness Nanula Luch line of				
(Position)				
3-mail address				
	,			