

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1525 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

Form C-103
 Revised July 18, 2013

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

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		WELL API NO. 30-015-25758
2. Name of Operator ConocoPhillips Company		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P. O. Box 51810, Midland TX 79710		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>K</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>1980</u> feet from the <u>WEST</u> line Section <u>2</u> Township <u>22S</u> Range <u>30E</u> NMPM County <u>EDDY</u>		7. Lease Name or Unit Agreement Name James A
		8. Well Number <u>003</u>
		9. OGRID Number <u>217817</u>
		10. Pool name or Wildcat SWD
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 TEST

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 ON 2/13/19 - TEST PASSED

RECEIVED

MAY 03 2019

DISTRICT II-ARTESIA O.C.D.

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 Technician DATE 04/16/2019
 Type or print name Rhonda Rogers E-mail address: rogers@conocophillips.com PHONE: 432-688-9174

For State Use Only

APPROVED BY: Daniel TITLE compliance officer DATE 5-14-19
 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 3001525758
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Well Name JAMES A	Well No 003
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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 YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR INJ <input checked="" type="radio"/> SWD	PRODUCER OIL <input checked="" type="radio"/> GAS	DATE 2-13-19
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OBSERVED DATA

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	Puff			0	
Flow Characteristics					CO2 _____
Puff	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	WTR <input checked="" type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	GAS _____
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	
Down to Nothing	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	
Water	Y / <input checked="" type="radio"/> 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.

Signature:	OIL CONSERVATION DIVISION	
Print name: STEVEN W CROSS	Entered in RBDMS	
Title: Contractor MSO	Re-test	
E-mail Address: Steven.w.cross@contractor.comacphillips.com		
Date: 2-13-19	Phone: 432-93578448	
Witness: [Signature]		