

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 #625 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  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised August 1, 2011

**HOBBS OCD**  
**DEC 19 2016**  
**RECEIVED**

WELL API NO. 30-025-23730
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <input checked="" type="checkbox"/> <i>Federal</i>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MCA UNIT
8. Well Number 273
9. OGRID Number 217817
10. Pool name or Wildcat MALJAMAR
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**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 Injection Well

2. Name of Operator  
ConocoPhillips Company

3. Address of Operator  
P. O. Box 51810  
Midland, TX 79710

4. Well Location  
 Unit Letter L : 1980 feet from the SOUTH line and 560 feet from the WEST line  
 Section 26 Township 17S Range 32E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: BH TEST & MIT <input checked="" 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/1/16 RAN MIT TO 580#/35 MINS - WITNESSED AND TEST GOOD. CHART ATTACHED  
 BH TEST CONDUCTED 12/9/16 - PASSED AND ATTACHED

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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 Staff Regulatory Technician DATE 12/15/2016

Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174

**For State Use Only**  
 APPROVED BY: *Rhonda Rogers* TITLE Compliance Officer DATE 12/19/16  
 Conditions of Approval (if any):

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

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Operator Name <b>ConocoPhillips Company</b>	API Number <b>3002523730</b>
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Well Name <b>MCA UNIT</b>	Well No <b>273W</b>
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Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
L	26	17S	32E	1980	S	560	W	LEA

Well Status

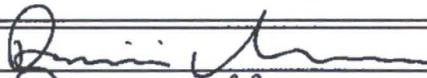
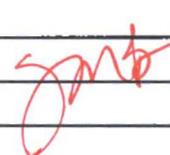
TA'D WELL YES <input checked="" type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/> INJ <input type="radio"/> SWD	PRODUCER <input checked="" type="radio"/> OIL <input checked="" type="radio"/> GAS	DATE <b>12-9-16</b>
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OBSERVED DATA

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	<b>0</b>	<del>Y/N</del>	<del>Y/N</del>	<b>0 Psi</b>	<b>1125 psr</b>
Flow Characteristics		<del>Y/N</del>	<del>Y/N</del>		CO2 <input type="checkbox"/>
Puff	Y / <input checked="" type="radio"/> N	<del>Y/N</del>	<del>Y/N</del>	Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/> N	<del>Y/N</del>	<del>Y/N</del>	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Surges	Y / <input checked="" type="radio"/> N	<del>Y/N</del>	<del>Y/N</del>	Y / <input checked="" type="radio"/> N	
Down to Nothing	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<del>Y/N</del>	<del>Y/N</del>	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	
Gas or Oil	Y / <input checked="" type="radio"/> N	<del>Y/N</del>	<del>Y/N</del>	Y / <input checked="" type="radio"/> N	
Water	Y / <input checked="" type="radio"/> N	<del>Y/N</del>	<del>Y/N</del>	Y / <input checked="" type="radio"/> N	

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

**PASSED**

Signature: 	OIL CONSERVATION DIVISION
Print name: <b>Dominic Moreno</b>	Entered in RBDMS
Title: <b>MSO</b>	Re-test 
E-mail Address: <b>Dominic.Moreno@ConocoPhillips.com</b>	
Date:	Phone: <b>346-312-3865</b>
	Witness: <b>Will White</b>

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*Start - 580 #  
End - 560 #  
Ant*

6 AM

6 PM

BLM Hobbs

*Called in @ 8:30*

CHART NO. MO MP-1000

*Exp.*

*To George*

15 FEB 7-5-16

*Bower*

CHART PUT ON

*11-1-16*

TAKEN OFF

*11-1-16*

LOCATION

*MCA 273*

REMARKS

*PR @ 3966*

*Top part @ 4040*

*Ernie D.*