

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

HOBBS OGD
AUG 17 2017
RECEIVED
 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

WELL API NO. 30-025-38987
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <i>Federal</i>
6. State Oil & Gas Lease No. Federal Lease
7. Lease Name or Unit Agreement Name MCA Unit
8. Well Number 419
9. OGRID Number 217817
10. Pool name or Wildcat Maljamar; GB-SA
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 INJ WELL

2. Name of Operator
ConocoPhillips Company

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

4. Well Location
 Unit Letter M : 660 feet from the South line and 145 feet from the West line
 Section 27 Township 17S Range 32E NMPM County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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: repair for LOV for BH test failure & run 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.

5/11/17 COPC discovered tbg had bad pitting and bad collars. TOO H w/tbg replace w/111 jts 2 3/8" 4.7# J-55 tbg & set @ 3690' & set pkr @ 3677'. Filed for exception to set pkr over 278' above top perf and received 6/16/17 (exception online)

Attached is MIT ran 8/11/17 to 580#/32 mins
 Attached is a BH test ran 6/15/17

SUBJECT TO LIKE APPROVAL BY BLM

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 *Charles Rogers* TITLE Staff Regulatory Technician DATE 08/14/2017

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

For State Use Only
Accepted
 APPROVED BY: *Mary Brown* TITLE AO/II DATE 8/21/2017

Conditions of Approval (if any):

RBDMS - CHART - ✓

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 3002538987
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Well Name MCA UNIT	Well No 419W
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Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
M	27	17S	32E	660	S	145	W	LEA

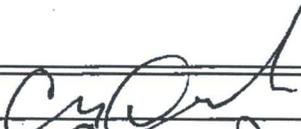
Well Status

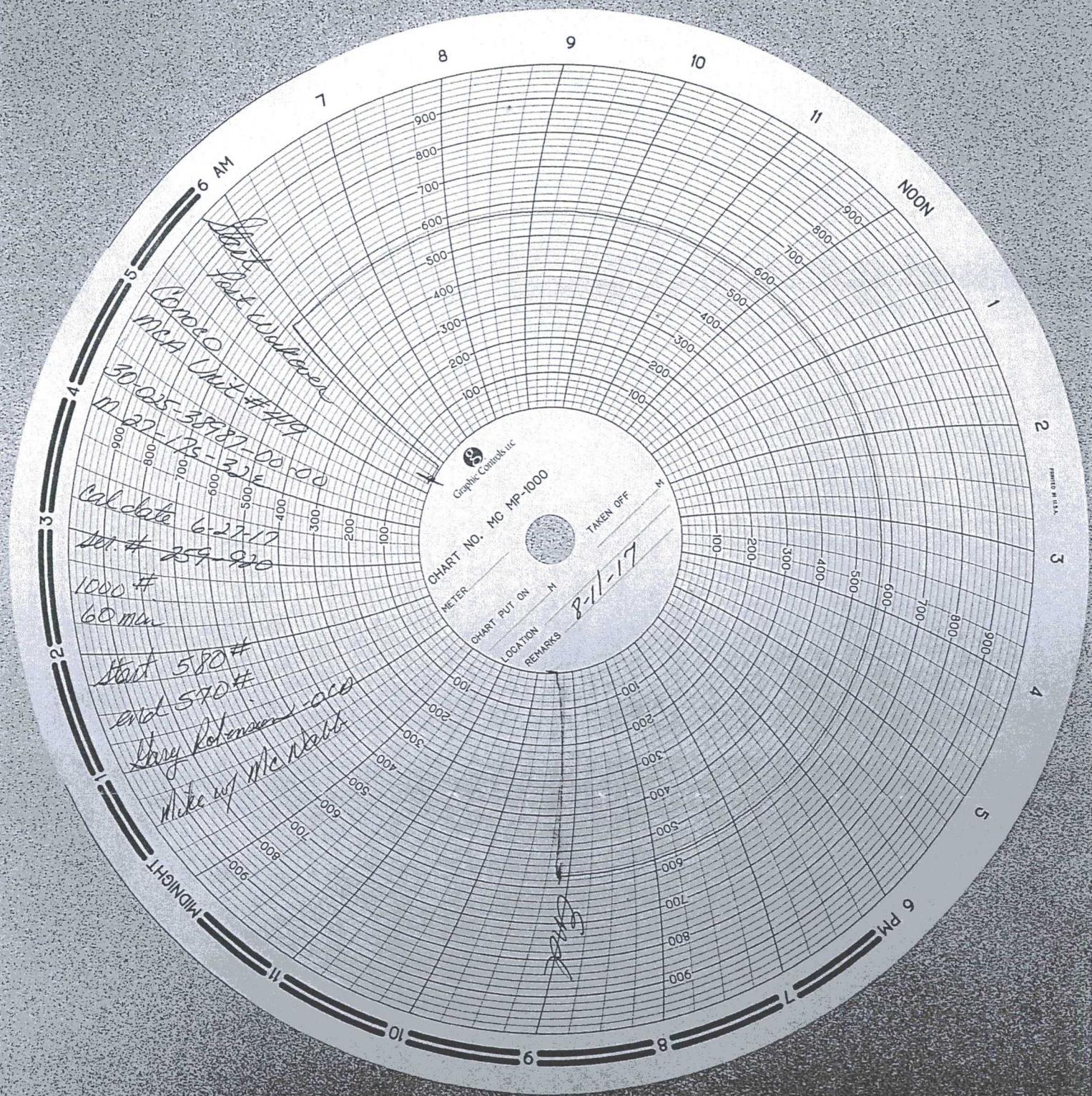
TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	6-15-17

OBSERVED DATA

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	0	0			550
Flow Characteristics					CO2 _____
Puff	Y / (N)	Y / (N)	Y / N	Y / N	WTR <input checked="" type="checkbox"/>
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.

Signature: 	OIL CONSERVATION DIVISION
Print name: Cruz Duarte	Entered in RBDMS
Title: MSO	Re-test
E-mail Address: Cruz.R.Duarte	
Date: 6-15-17	Phone: (575) 390-8280
	Witness:



Start
 Bob Walker
 Bando
 MCA Unit # 719

30-025-35987-00-00
 11-27-75-32E

Cal date 6-27-17
 Lot # 259-920
 1000 #
 60 min

Start 580#
 end 590#
 Long Robinson - OCO
 Mike w/ Mc Nabbs

Graphic Controls Inc
 CHART NO. MC MP-1000
 METER
 CHART PUT ON M
 LOCATION
 REMARKS 8-11-17
 TAKEN OFF M

END