

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87406  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

**HOBBS OGD**  
**RECEIVED**  
 JAN 14 2019

State of New Mexico  
Energy, Minerals & Natural Resources  
Oil Conservation Division  
220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-104  
Revised August 1, 2011

Submit one copy to appropriate District Office

AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address ConocoPhillips Company P. O. Box 51810 Midland, TX 79710		<sup>2</sup> OGRID Number 217817
		<sup>3</sup> Reason for Filing Code/ Effective Date RECOM
<sup>4</sup> API Number 30 - 025-34127	<sup>5</sup> Pool Name SKAGGS; GRAYBURG	<sup>6</sup> Pool Code 57380
<sup>7</sup> Property Code 31670	<sup>8</sup> Property Name SEMU	<sup>9</sup> Well Number 126

**II. <sup>10</sup> Surface Location**

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
M	19	20S	38E		1310	SOUTH	1120	WEST	LEA

**<sup>11</sup> Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	P								

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
278421	HOLLY TRANSPORTATION, LLC	O
24650	TARGO MIDSTREAM SERVICES LLC	G

**IV. Well Completion Data**

<sup>21</sup> Spud Date	<sup>22</sup> Ready Date	<sup>23</sup> TD	<sup>24</sup> PBTB	<sup>25</sup> Perforations	<sup>26</sup> DHC, MC
11/04/1997	11/09/2018	7000'	4152'	3817'--3928'	NA
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
12 1/4"	8 5/8"	1250'	565 SX		
7 7/8"	5 1/2"	7000'	1550 SX		
	2 7/8"	4063'	NA		

**V. Well Test Data**

<sup>31</sup> Date New Oil	<sup>32</sup> Gas Delivery Date	<sup>33</sup> Test Date	<sup>34</sup> Test Length	<sup>35</sup> Tbg. Pressure	<sup>36</sup> Csg. Pressure
11/16/2018	11/16/2018	11/18/2018	24 HR	198#	75#
<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas	<sup>41</sup> Test Method	
	1 BOPD	300 BWPD	10 MCF/D		

<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Rhonda Rogers</i> Printed name: Rhonda Rogers Title: Staff Regulatory Technician E-mail Address: rogers@conocophillips.com Date: 12/04/2018 Phone: (432)688-9174	OIL CONSERVATION DIVISION
	Approved by: <i>Karen Sharp</i>
	Title: Staff Mgr
	Approval Date: 1-14-19
	Documents pending BLM approvals will subsequently be reviewed and scanned

1/16/19

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to reenter an abandoned well. Use form 3160-3 (APD) for such proposals.*

**HOBS OCD**  
**RECEIVED**  
JAN 14 2019

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. SEMU 126
2. Name of Operator CONOCOPHILLIPS COMPANY Contact: RHONDA ROGERS E-Mail: rogerr@conocophillips.com		9. API Well No. 30-025-34127
3a. Address P. O. BOX 51810 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-688-9174	10. Field and Pool or Exploratory Area SKAGGS; GRAYBURG
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 19 T20S R38E Mer NMP SWSW 1310FSL 1120FWL		11. County or Parish, State LEA COUNTY, NM

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

CONOCOPHILLIPS COMPANY PLUGGED BACK THE SEMU; BTD AND RECOMPLETED IN THE SKAGGS; GRAYBURG.

10/22/18 RIH & TAG CIBP @ 6747'  
10/23/18 TOP W/40' CMT, TOC @ 6707' & RIH W/CIBP & SET @ 6396' & TOP W/40' CMT, TOC @ 6359', RIH W/CIBP & SET 4150'  
10/24/18 RIH & PERFED @ 3922'-3928', 3883'-3888', 3862'-3867', 3817'-3825'. SPOT 1000 GALS 15% NEFE ACID W/CORROSION INHIBITOR ACROSS PERFS.  
11/1/18 PUMP 5000 GALS 15% ACID, 5 BBLs LINEAR AND 1526 BBLs X-LINK. FRAC WELL WITH 70100#30/50 & 31920# 30/50 ATLAS CRC. TOTAL SAND = 102,020#.  
11/14/18 RIH W/126 JTS 2.875", 6.5#, L-80 EUE8RD TBG & SET @ 4063'.  
11/15/18 RIH W/RODS AND PUMP, SPACE OUT PUMP. HANG WELL. RDMO

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #446612 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Hobbs</b>	
Name (Printed/Typed) RHONDA ROGERS	Title STAFF REGULATORY TECHNICIAN
Signature (Electronic Submission)	Date 12/05/2018

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person who knowingly makes any false, fictitious or fraudulent statements or representations as to any matter

(Instructions on page 2)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR**

**Documents pending BLM approvals will subsequently be reviewed and scanned**

agency of the United

\*

**Additional data for EC transaction #446612 that would not fit on the form**

**32. Additional remarks, continued**

ATTACHED IS A CURRENT WELLBORE SCHEMATIC.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

5. Lease Serial No.  
NMLC031670A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

8. Well Name and No.  
SEMU 126

9. API Well No.  
30-025-34217

10. Field and Pool or Exploratory Area  
SKAGGS; GRAYBURG

11. County or Parish, State  
LEA COUNTY, NS

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
CONOCOPHILLIPS COMPANY  
Contact: RHONDA ROGERS  
E-Mail: rogerrs@conocophillips.com

3a. Address  
P. O. BOX 51810  
MIDLAND, TX 79710

3b. Phone No. (include area code)  
Ph: 432-688-9174

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 19 T20S R38E Mer NMP SWSW 1310FSL 1120FWL

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

CONOCOPHILLIPS COMPANY

RE-DELIVERED THIS WELL 11/15/18

(11-16-18)

14. I hereby certify that the foregoing is true and correct.  
**Electronic Submission #446620 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Hobbs**

Name (Printed/Typed) RHONDA ROGERS	Title STAFF REGULATORY TECHNICIAN
Signature (Electronic Submission)	Date 12/05/2018

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

**HOBBS OCD**  
**RECEIVED**  
JAN 14 2019

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			5. Lease Serial No. NMLC031670A		
b. Type of Completion: <input type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Diff. Resvr. Other _____			6. If Indian, Allottee or Tribe Name		
2. Name of Operator CONOCOPHILLIPS COMPANY Contact: RHONDA ROGERS E-Mail: rogerr@conocophillips.com			7. Unit or CA Agreement Name and No.		
3. Address P. O. BOX 51810 MIDLAND, TX 79710		3a. Phone No. (include area code) Ph: 432-688-9174	8. Lease Name and Well No. SEMU 126		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface SWSW 1310FSL 1120FWL At top prod interval reported below SWSW 1310FSL 1120FWL At total depth SWSW 1310FSL 1120FWL			9. API Well No. 30-025-34127		
14. Date Spudded 11/14/1997	15. Date T.D. Reached 11/27/1997	16. Date Completed <input type="checkbox"/> D & A <input type="checkbox"/> Ready to Prod. 11/15/2018	10. Field and Pool, or Exploratory SKAGGS, GRAYBURG		
18. Total Depth: MD 7000 TVD 7000	19. Plug Back T.D.: MD 4150 TVD 4150	20. Depth Bridge Plug Set: MD 4150 TVD 4150	11. Sec., T., R., M., or Block and Survey or Area Sec 19 T20S R38E Mer NMP		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) ON FILE			22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis)		

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
12.250	8.625 M-50	23.0	0	1250		565		0	
7.875	5.500 K-55	15.5	0	7000		1550		2654	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	4063							

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) SKAGGS; GRAYBURG	3750	3970	3817 TO 8825		16	PRODUCING
B)			3857 TO 3862		10	PRODUCING
C)			3883 TO 3888		10	PRODUCING
D)			3922 TO 3928		10	PRODUCING

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
3817 TO 3928	ACID 5000 GALS 15%, 5 BBLs LINEAR, 1526 BBLs X-LINK, FRAC 102020# TOTAL SAND

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
11/16/2018	11/18/2018	24	→	1.0	10.0	300.0			
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI		→					POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	C. G.
			→					
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well
	SI		→					

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28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

29. Disposition of Gas(Sold, used for fuel, vented, etc.) CAPTURED

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
ON FILE					

32. Additional remarks (include plugging procedure):  
GAS CAPTURE PLAN ATTACHED

33. Circle enclosed attachments:

- 1. Electrical/Mechanical Logs (1 full set req'd.)
- 2. Geologic Report
- 3. DST Report
- 4. Directional Survey
- 5. Sundry Notice for plugging and cement verification
- 6. Core Analysis
- 7 Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

**Electronic Submission #447841 Verified by the BLM Well Information System.  
For CONOCOPHILLIPS COMPANY, sent to the Hobbs**

Name (please print) RHONDA ROGERS Title STAFF REGULATORY TECHNICIAN

Signature \_\_\_\_\_ (Electronic Submission) Date 12/14/2018

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***