

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 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address CONOCOPHILLIPS COMPANY P.O. BOX 2197, HOUSTON, TX 77252		² OGRID Number 217817
		³ Reason for Filing Code/ Effective Date
⁴ API Number 30 - 0-25-43364	⁵ Pool Name ZIA HILLS: BONE SPRING	⁶ Pool Code 98009
⁷ Property Code 320709	⁸ Property Name ZIA HILLS 25E FEDERAL	⁹ Well Number 402H

II. ¹⁰ Surface Location

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
B	25	26S	32E		283	NORTH	2310	EAST	LEA

¹¹ Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	38	26S	32E		50	SOUTH	330	EAST	LEA

¹² Lsc Code	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
F	F				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
248440	WESTERN REFINING COMPANY, LP	O
174238	ENTERPRISE CRUDE OIL LLC	G

IV. Well Completion Data

²¹ Spud Date	²² Ready Date	²³ TD	²⁴ PHTD	²⁵ Perforations	²⁶ DHC, MIC
7/1/18	4/7/19	17,845' MD/10858' TVD	17,259' MD	17,033'-10,150'	NA
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
14.750"	11.750"	918'	431 SXS-127 BBLS		
10.625"	8.625"	4879'	824 SXS-278 BBLS		
7.875"	5.5"	17,281'	1982 SXS-572 BBLS TOC @ 188'		

V. Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
5/24/19	5/24/19	6/4/19	24HR		
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas	⁴¹ Test Method	
	180 BOPD	1133 BWPD	700 MCF/PD		

⁴² 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: *Rhonda Rogers*
Printed name: Rhonda Rogers
Title: Regulatory Coordinator
E-mail Address: rogers@conocophillips.com
Date: 8/27/2019
Phone: 832-486-2737

OIL CONSERVATION DIVISION
Approved by: *J. M. [Signature]*
Title: L.M.
Approval Date: 9/17/2019

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

5. Lease Serial No.
NMLC069515

1a. Type of Well Oil Well Gas Well Dry Other
 b. Type of Completion New Well Work Over Deepen Plug Back Diff. Resvr.
 Other _____

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

3. Address P. O. BOX 2197 SP2, 12W-155 HOUSTON, TX 77252 3a. Phone No. (include area code)
Ph: 832-486-2737

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
 At surface Sec 25 T26S R32E Mer NMP NWNE 283FNL FEL
 At top prod interval reported below 32.020239 N Lat, 103.624076 W Lon
 Sec 36 T26S R32E Mer NMP
 At total depth Lot 1 50FSL 330FEL

6. If Indian, Allottee or Tribe Name
7. Unit or CA Agreement Name and No.
8. Lease Name and Well No.
ZIA HILLS 25 FEDERAL COM 402H
9. API Well No.
30-025-43364
10. Field and Pool, or Exploratory
ZIA HILLS, BONE SPRING
11. Sec., T., R., M., or Block and Survey
or Area Sec 25 T26S R32E Mer NMP
12. County or Parish
LEA 13. State
NM
14. Date Spudded
07/01/2018 15. Date T.D. Reached
09/22/2018 16. Date Completed
 D & A Ready to Prod.
04/07/2019 17. Elevations (DF, KB, RT, GL)*
3135 GL
18. Total Depth: MD 17845 TVD 10658 19. Plug Back T.D.: MD 17259 TVD 10658 20. Depth Bridge Plug Set: MD TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each) 22. Was well cored? No Yes (Submit analysis)
 Was DST run? No Yes (Submit analysis)
 Directional Survey? No 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 Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
14.750	11.750 J-55	47.0	0	918		413	127	0	
10.625	8.625 P-110	32.0	0	4879		824	278	0	
7.875	5.500 P-110	23.0	188	17261		1982	572	188	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

25. Producing Intervals 26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) ZIA BONE SPRING	8691	17269	10150 TO 17033			PRODUCING
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
10150 TO 17033	ACIDIZE W/15% HCL FRAC W/19902283# TOTAL PROPPANTS

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
05/24/2019	06/04/2019	24	→	190.0	700.0	1133.0			
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

28a. Production - Interval B

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	
			→						

(See Instructions and spaces for additional data on reverse side)
 ELECTRONIC SUBMISSION #480508 VERIFIED BY THE BLM WELL INFORMATION SYSTEM
**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

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
RUSTLER	638	987	DOLOMITE/ANHYDRITE	RUSTLER	638
TOP OF SALT/SALADO	937	4411	SALT	TOP OF SALT/SALADO	937
CASTILLE	4411	4634	SALT	CASTILLE	4411
DELAWARE BASE OF SALT	4634	5717	SANDSTONE	DELAWARE BASE OF SALT	4634
CHERRY CANYON	5717	7357	SANDSTONE	CHERRY CANYON	5717
BRUSHY CANYON	7357	8676	SANDSTONE	BRUSHY CANYON	7357
BONE SPRING	8676	9781	SANDSTONE	BONE SPRING	8676
BONE SPRING 1ST	9781	10593	SANDSTONE	BONE SPRING 1ST	9781

32. Additional remarks (include plugging procedure):
BONE SPRING 2ND TOP 10593 SANDSTONE

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 #480508 Verified by the BLM Well Information System.
For CONOCOPHILLIPS COMPANY, sent to the Hobbs**

Name (please print) RHONDA ROGERS Title REGULATORY COORDINATOR

Signature (Electronic Submission) Date 08/26/2019

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 ****

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.

HOBBS OCD
SEP 03 2019
RECEIVED

5. Lease Serial No.
NMLC069515

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.
ZIA HILLS 25 FEDERAL COM 402H

1. Type of Well
 Oil Well Gas Well Other

9. API Well No.
30-025-43364

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

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

3b. Phone No. (include area code)
Ph: 832-486-2737

10. Field and Pool or Exploratory Area
ZIA HILLS, BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

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 type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Hydraulic Fracture
	<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 recomplate 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 recomplate 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.

2/15/19 PT prod csg to 1500#/30 mins ? test good.
3/26/19 perf f/17574?-17349?. Acidize w/15% HCL. Frac w/110280# proppant & 659780# proppant.
3/27/19 perf f/17330?-16619?. Acidize w/15% HCL. Frac w/660020# proppant & 660020# proppant & 660020# proppant.
3/28/19 perf f/16600#- 16132?. Acidize w/15% HCL. Frac w/660360# proppant & 660360# proppant & 660140# proppant.
3/29/19 perf f/16113?-15158?. Acidize w/15% HCL. Frac w/627040# proppant & 690220# proppant & 663040# proppant.
4/1/19 perf f/14652?-14428?. Acidize w/15% HCL. Frac w/658803 proppant & 654060# proppant & 660740# proppant & 658400# proppant.
4/2/19 perf f/14409?-13941?. Acidize w/15% HCL. Frac w/660720? proppant & 661980# proppant.
4/3/19 perf f/13922?-13211?. Acidize w/15% HCL. Frac w/661980# proppant & 660120# proppant &

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #480511 verified by the BLM Well Information System
For CONOCOPHILLIPS COMPANY, sent to the Hobbs**

Name (Printed/Typed) RHONDA ROGERS

Title REGULATORY COORDINATOR

Signature (Electronic Submission)

Date 08/26/2019

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 ****

Additional data for EC transaction #480511 that would not fit on the form

32. Additional remarks, continued

656820# proppant.

4/4/19 perf f/13192?-12481?. Acidize w/15% HCL. Frac w/660180# proppant & 660080# proppant & 660080# proppant.

4/5/19 perf f/12461?-11507?. Acidize w/15% HCL. Frac w/660120# proppant & 660300# proppant & 659960# proppant & 660420# proppant.

4/6/19 perf f/11488?-10533?. Acidize w/15% HCL. Frac w/658100# proppant & 661340# proppant & 656800# proppant & 660000# proppant. Total proppants = 19902283#

This well is flowing.

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 ABANDONED 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.

HOBBS OCD
SEP 03 2019
RECEIVED

5. Lease Serial No.
NMLC069515

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
ZIA HILLS 25 FEDERAL COM 402H

9. API Well No.
30-025-43364

10. Field and Pool or Exploratory Area
ZIA HILLS, BONE SPRING

11. County or Parish, State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

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

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

3b. Phone No. (include area code)
Ph: 832-486-2737

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 25 T26S R32E Mer NMP NWNE 283FNL 1210FEL

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 type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Production Start-up
	<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 recompleat 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 recompleat 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 WOULD LIKE TO ACKNOWLEDGE THAT THIS WELL IS FIRST DELIVERED 5/24/19.
190 BOPD
1133 BWPD
700 MCF/PD

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #480510 verified by the BLM Well Information System
For CONOCOPHILLIPS COMPANY, sent to the Hobbs**

Name (Printed/Typed) RHONDA ROGERS Title REGULATORY COORDINATOR

Signature (Electronic Submission) Date 08/26/2019

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 _____

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(Instructions on page 2)

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