

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

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

WELL API NO. 30-025-07817
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. FEDERAL LEASE
7. Lease Name or Unit Agreement Name SEMU PERMIAN
8. Well Number 031
9. OGRID Number 217817
10. Pool name or Wildcat SKAGGS
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 2197. Houston, TX 77252

4. Well Location
 Unit Letter C : 660 feet from the NORTH line and 1980 feet from the WEST line
 Section 19 Township 20S Range 38E NMPM County LEA

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>BH/5 YEAR MIT</u> <input checked="" type="checkbox"/>	
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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, FORM ATTACHED
 CONDUCTED THE 5 YEAR MIT ON 3/3/20 TO 575#/#32 MINS- GOOD TEST, CHART ATTACHED

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 Coordinator DATE 3/9/2020

Type or print name Rhonda Rogers E-mail address: rogerr@conocophillips.com PHONE: 832-486-2737
 For State Use Only

APPROVED BY: Gary Holman TITLE C/O A DATE 3-25-20
 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 3002507817
Well Name SEMU PERMIAN		Well No 031W

Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
C	19	20S	38E	660	N	1980	W	LEA

Well Status

TA'D WELL YES <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/>	PRODUCER SWD OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE 3-3-20
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OBSERVED DATA

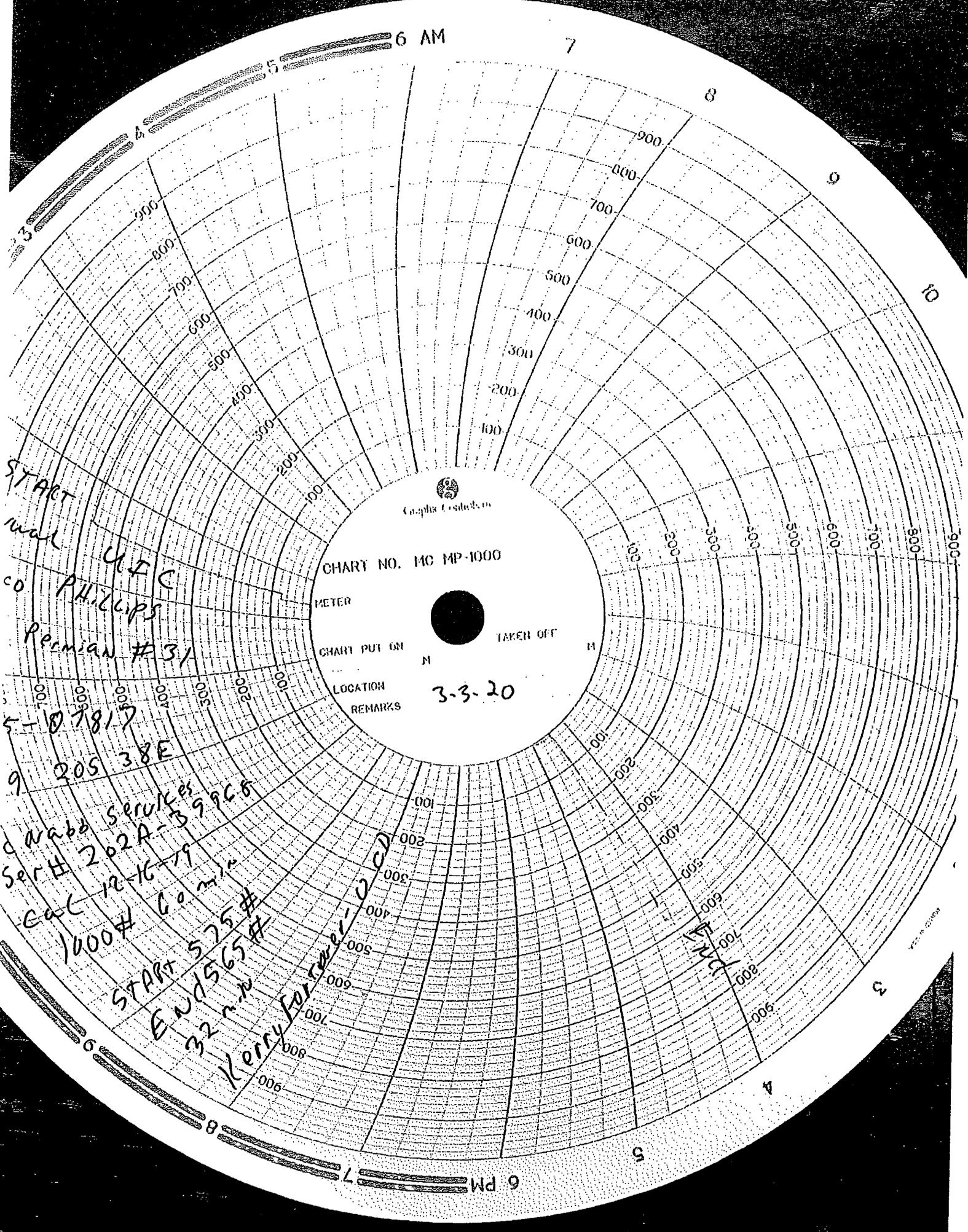
	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	0	140	NA	0	1750
Flow Characteristics					CO2
Puff	Y / <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> / N	Y / N	Y / <input checked="" type="checkbox"/>	WTR
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	GAS
Surges	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	
Down to Nothing	<input checked="" type="checkbox"/> / N	<input checked="" type="checkbox"/> / N	Y / N	<input checked="" type="checkbox"/> / N	
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	
Water	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	

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

MDT
 McNabb Services
 Ser# 202A-39965
 Cal 12-16-19

Signature: <i>Erik Quiroz</i>	OIL CONSERVATION DIVISION
Print name: Erik Quiroz	Entered in RBDMS
Title: MSO 7	Re-test
E-mail Address: erik.b. Quiroz @ ConocoPhillips.com	
Date: 3-3-20	Phone:
Witness: Kerry Fortner-OC	

575-263-6633



Graph Corporation

CHART NO. MC MP-1000

METER

CHART PUT ON

TAKEN OFF

LOCATION
REMARKS

3-3-20

START
wall
CO PHILLIPS
Permian #31

5-07817
9 205 38E

Warab Services
SERV 202A-39968
CAL 12-16-79
1000# 60 mi

START 525#
END 565#
32 mi

KERRY FORSTER - 000

1000
900
800
700
600
500
400
300
200
100

6 PM