

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 87502

HOBBS OOD
 MAR 16 2020
 RECEIVED

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 PRODUCE 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:		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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>BH/5 YEAR MIT</u> <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.

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: rogerrs@conocophillips.com PHONE: 832-486-2737

For State Use Only
 APPROVED BY: Kerry Inte TITLE CO DATE 3-27-20
 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 GAS <input type="checkbox"/>	DATE 3-3-20
--	--	---	--	-----------------------

OBSERVED DATA

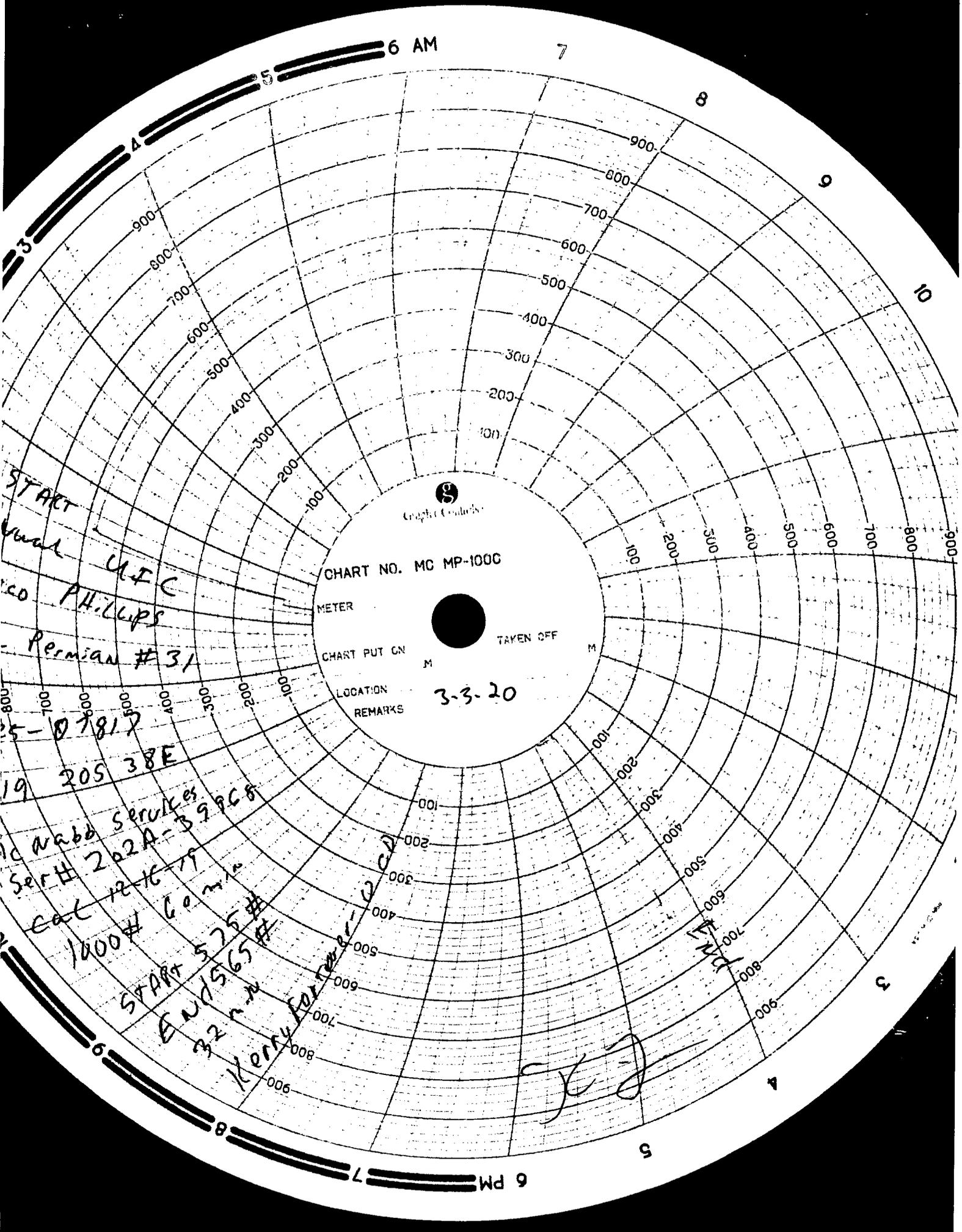
	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	0	140	NA	0	1750
Flow Characteristics					CO2 _____
Puff	Y / <input checked="" type="checkbox"/>	0 / N	Y / N	Y / <input checked="" type="checkbox"/>	WTR _____
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / <input checked="" 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	0 / N	0 / N	Y / N	0 / 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>[Signature]</i>	OIL CONSERVATION DIVISION
Print name: <i>Erik Quiroz</i>	Entered in RBDMS
Title: <i>M507</i>	Re-test
E-mail Address: <i>erik.b. Quiroz @ ConocoPhillips.com</i>	<i>[Signature]</i>
Date: <i>3-3-20</i>	Witness: <i>Kerry Fortner-OCD</i>

575-263-6633



6 AM

7

8

9

10

Graph Controls

CHART NO. MC MP-1000

METER

CHART PUT ON

M

TAKEN OFF

M

LOCATION

REMARKS

3-3-20

START
UIC
PHILLIPS
Permian #31

5-07817
19 205 38E

Wadd Services
Ser # 202A-39968

Cal 1216 19
1000# Com's

START 526#
END 565#
32 min

Kerry

[Handwritten Signature]

6 PM

5

4

3

8

7

6