

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

**HOBBS OCD**  
**RECEIVED**  
 MAR 16 2020

WELL API NO. 30-025-42018
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
8. Well Number 246
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 J : 1330 feet from the SOUTH line and 1464 feet from the EAST line  
 Section 19 Township 20S Range 38E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 580#/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: rogers@conocophillips.com PHONE: 832-486-2737  
**For State Use Only**

APPROVED BY: Kenny Jahn TITLE CO A 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 <b>ConocoPhillips Company</b>		API Number <b>3002542018</b>	
Well Name <b>SEMU</b>		Well No <b>246W</b>	
Hobb			

**Surface Location**

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
J	19	20S	38E	1330	S	1464	E	LEA

**Well Status**

TA'D WELL YES <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/>	INJECTOR NO <input checked="" type="radio"/>	SWD <input checked="" type="radio"/>	PRODUCER OIL <input checked="" type="radio"/>	GAS <input type="radio"/>	DATE <b>3-3-20</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	6	NA	NA	250	600
Flow Characteristics					CO2 ___
Puff	Y / <input checked="" type="radio"/>	Y / N	Y / N	<input checked="" type="radio"/> / N	WTR ___
Steady Flow	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	GAS ___
Surges	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	
Down to Nothing	<input checked="" type="radio"/> / N	Y / N	Y / N	<input checked="" type="radio"/> / N	
Gas or Oil	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	
Water	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	

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

MIT

McNabb Ser# 202A-39965

Cal 12-16-19

Signature:	OIL CONSERVATION DIVISION
Print name: Erik Quiroz	Entered in RBDMS
Title: MSO?	Re-test
E-mail Address: ERIK.B.QUIROZ@CONOCO.PHILLIPS.COM	
Date: 3-3-20	Phone:
Witness: Kerry Fortner - OED	

575-263-6633

