

HOBBS

APR 10 2020

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED
WELL API NO.
30-025-07817
5. Indicate Type of Lease
STATE [ ] FEE [ ]
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

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
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ]
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]
PULL OR ALTER CASING [ ] MULTIPLE COMPL [ ]
DOWNHOLE COMMINGLE [ ]
CLOSED-LOOP SYSTEM [ ]
OTHER: [ ]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [ ]
CASING/CEMENT JOB [ ]
OTHER: BH/5 YEAR MIT [X]

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: [Signature] TITLE Compliance Officer DATE 5-5-20
Conditions of Approval (if any):

HOBBS OCD

APR 10 2020

RECEIVED

Office 1  
1625 N. French Dr., Hobbs NM 88240  
Phone (575) 393-6161 Fax: (575) 919-0720

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>3002507817</b>
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Well Name <b>SEMU PERMIAN</b>	Well No <b>031W</b>
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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"/> NO	SHUT-IN YES <input checked="" type="checkbox"/> NO	INJECTOR <input checked="" type="checkbox"/> SWD	PRODUCER OIL <input checked="" type="checkbox"/> GAS	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	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.

MEY  
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 <i>[Signature]</i>
E-mail Address: erik.b. Quiroz @ ConocoPhillips.com	
Date: 3-3-20	Phone:
Witness: Kerry Fortner-OCD	

575-263-6633

6 AM

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**HOEBS OCD**

APR 10 2020

**RECEIVED**

Graph Corporation

CHART NO. MC MP-1000

METER

TAKEN OFF

CHART PUT ON

N

M

LOCATION

3-3-20

REMARKS

START  
UIC  
Phillips  
Permian #31

5-10-18  
19 205 38E

id drabb services  
SERV H 202A-399CS  
EOL 12-16-19  
1000# Co min

START 575#  
END 565#  
32 min

Kerry Forster

*[Handwritten signature]*

*[Handwritten initials]*

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