

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

HOBBS OCD
 State of New Mexico
 Energy, Minerals and Natural Resources
 APR 10 2020

Form C-103
 Revised July 18, 2013

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

RECEIVED

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.)		WELL API NO. 20-025-42019
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injection Well		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No. FEDERAL LEASE
3. Address of Operator P. O. Box 2197, Houston, TX 77252		7. Lease Name or Unit Agreement Name SEMU
4. Well Location Unit Letter <u>H</u> : <u>2139</u> feet from the <u>NORTH</u> line and <u>265</u> feet from the <u>EAST</u> line Section <u>24</u> Township <u>20S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number <u>247</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>217817</u>
10. Pool name or Wildcat SKAGGS		10. Pool name or Wildcat SKAGGS

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"/>
--	---

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 565#/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

APPROVED BY: Greg Holman TITLE Compliance Officer DATE 5-5-20

Conditions of Approval (if any):

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office
BRADENHEAD TEST REPORT

HOBBS OCD

APR 10 2020

RECEIVED

Operator Name ConocoPhillips Company	API Number 3002542019
--	---------------------------------

Well Name SEMU	Well No 247W
--------------------------	------------------------

Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
H	24	20S	37E	2139	N	265	E	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 3-3-20
---	---	---	---	-----------------------

OBSERVED DATA

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	0	ND	ND	82	533
Flow Characteristics					CO2
Puff	Y/N	Y/N	Y/N	Y/N	WTR
Steady Flow	Y/N	Y/N	Y/N	Y/N	GAS
Surges	Y/N	Y/N	Y/N	Y/N	
Down to Nothing	Y/N	Y/N	Y/N	Y/N	
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION	
Print name: Erin Quinoz	Entered in RBDMS	<i>[Signature]</i>
Title: MSO?	Re-test	
E-mail Address: erin.k.b.quinoz@conocoPhillips.com		
Date: 3-3-20	Phone:	
	Witness: Kerry Forthoff - OCD	

575-263-6633

HOBBS OCD

APR 10 2020

RECEIVED

6 AM

NOON

6 PM

6 AM

MIDNIGHT

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

11

10