## Case No. 15726 Division Exhibit No. 1

Submit within 45 day	g	State of N	lew Mexico			Rev	ised April 3, 2017			
Submit within 45 day	Daniel William I Cary			al	1. WELL					
of well completion			ources	aı						
			ation Division		2. Well Name:					
			St. Francis Dr		2 777 11 37					
			NM 87505	•	3. Well Number:					
		Santa FC,	1111 07505		1 Surface	Hole Location:				
					Unit: Lot:		nship: Range:			
HVDDAIII IC EDA	CTUDI	NC EL LID DI	SCI OSUDE		Feet from:	N/S I				
HYDRAULIC FRA	CIURI	ING FLUID DI	SCLOSURE		Feet from:	E/W	Line:			
					5. Bottom	Hole Location:	X O			
Original Original					Unit: Lot: Section: Township: Range:					
Uriginal Original					Feet from: N/S Line:					
Amended					Feet from: E/W Line:  6. Latitude: Longitude:					
Amended					NAD83	. Longit	uuc.			
					7. County:	1				
						THE RESERVE THE PARTY OF THE PA				
8. Operator Name and Address:				9. OG	RID:	10. Phone	Number:			
•					6	7				
11 5 ( )	Б	C 11		10.0.1.3.5						
11. Fracture Date(s):	Frac p	erformed by:		12. Pi	12. Production Type:					
13. Pool Code(s):				14. G	ross Fracture	d Interval:				
					7					
15. True Vertical Depth (TVD):				16. Total Volume of Fluid Pumped:						
			- CONCE							
17. HYDRAULIC FLUII			A VALUE OF THE PARTY OF THE PAR		S#) Chemical	I Manifestore In and the state of	I Manianan Yanas diam			
Trade Name Supplies		Purpose	Ingredients		ract Service #	Maximum Ingredient Concentration in	Maximum Ingredient Concentration in HF			
			1			Additive	Fluid (% by mass)			
			7	_		(% by mass)				
		~								
		X					-			
	A									
	0									
	7)									
K										
18. I, as Operator, hereby certify i	hat the inf	ormation shown on	this disclosure for	m is true	and complete	e to the best of my kr	nowledge and belief.			
Signature:		D	rinted							
Signature						Title:				
Date:										
E mail Address:										
E-mail Address:										

NMOCD does not require the reporting of information beyond MSDS data as described in 29 CFR 1910.1200. NMOCD does not require the reporting or disclosure of proprietary, trade secret or confidential business information.

## Hydraulic Fracturing Fluid Disclosure Instructions

## Revised April 3, 2017

- In order to submit your Disclosure Form follow these steps
  - 1. Open your Web Browser
  - 2. Click on Address Bar on the top tool bar
  - 3. Key in http://www.emnrd.state.nm.us/ocd/
  - 4. Locate OCD Online on the left list of the Home Page
  - 5. Click OCD Online
  - 6. Click E-permitting
  - 7. Click on Sign In
  - 8. Enter your Login Id and Password
  - 9. Click Sign In
  - 10. Under Submit Forms locate Other
  - 11. Click Other
  - 12. Click Hydraulic Fracturing Fluid Disclosure Form
  - 13. Click Create Fracking Disclosure
  - 14. Click Get Wells (if long well list you can enter a filter)
  - 15. Choose well from Drop Down List
  - 16. Click Create a Disclosure for this Well
  - 17. Complete the General Information tab
  - 18. Click on Fluids tab
  - 19. Click on New Compound
  - 20. Enter values for the compound
  - 21. Click on New Ingredient
  - 22. Click Update in order to save the values
  - 23. Repeat steps 21 and 22 for each ingredient in that compound
  - 24. For each compound click Save
  - 25. Repeat steps 19 through 24 for each compound
  - 26. Click on Warnings/Submit tab
  - 27. If no Warnings; click on Certify
  - 28. If Warnings appear return to appropriate tab and include the requested information

## Managing your Disclosures:

- · Disclosures can be filtered based on status using the drop down list
- The submission process can be resumed by clicking on Edit
- · A certified Disclosure can be viewed by clicking on View
- A draft can be deleted by clicking on Delete

Measurements and dimensions are to be in feet/inches. Well locations will refer to the New Mexico Principal Meridian.

IF THIS IS AN ORIGINAL REPORT CHECK THE BOX LABELED "ORIGINAL" AT THE TOP OF THE DOCUMENT. IF THIS IS AN AMENDED REPORT CHECK THE BOX LABELED "AMENDED" AT THE TOP OF THE DOCUMENT.

- API number of this well.
- Well name is the property name.
- The number of this well on the property.
- 4 The surface hole location of this well.
- 5 The bottom hole location of this well at its terminus. (see OCD Rule 19.15.16.7.N)
- 6 The surveyed location of this well New Mexico Principal Meridian; include NAD83.
- 7 The County in which the well is located. If the well crosses county lines, list both
- 8 counties. Operator's name and address.
- 9 Operator's OGRID number.
- Operator's phone number to call for questions about this report.
- The date the last fracture occurs and the name of the company who performed the fracture.

- 12 Production type code from the following table:
  - O Oil completion
  - G Gas completion
  - I Injection well
  - C Carbon dioxide well
- Pool code or codes where the hydraulic fracture occurred. Pool Codes and names can be found on OCD webpage: statistics: useful information.
- Gross Fractured Interval means the upper and lower depths of the interval that is fractured.

  NOTE: If this is a confidential well ("tight hole") this may be left blank. However, this information must be included on an amended Hydraulic Fracturing Fluid Disclosure form to be filed after the period of confidentiality for this well has expired.
- 15 True Vertical Depth is the terminus of the well if a vertical well or the deepest true vertical depth that a horizontal well bore penetrates.
- 16 The Total Volume of Fluid Pumped is the amount of all fluids pumped in barrels.
- 17 Hydraulic Fluid Composition and Concentration

Trade Name – the trade name of the product used
Supplier – the name of the product manufacturer
Purpose – the intended purpose of the product used
Ingredients – the ingredients in the product used
Chemical Abstract Service # - the number assigned to the product by CAS, a division of the American Chemical Society
Maximum Ingredient Concentration in Additive (% by mass) – the amount of the ingredient in the product
Maximum Ingredient Concentration in HF Fluid (% by mass) – the amount of the ingredient in the Hydraulic Fracturing Fluid
\*NMOCD does not require the reporting of information beyond MSDS data as described in 29 CFR 1910.1200. NMOCD does not require the reporting or disclosure of proprietary, trade secret or confidential business information.

18 The signature, printed name, title, and e-mail address of the person authorized to make this report. The date this report was signed. Direct phone number of person who filled out form.

Fracture Date	
State:	THE PARTY OF THE SECOND
County:	
API Number:	
Operator Name:	
Well Name and Number:	
Longitude:	
Latitude:	
Long/Lat Projection:	
Production Type:	
True Vertical Depth (TVD):	
Total Water Volume (gal)*:	

Hydraulic Fracturing Fluid Product Component Information Disclosure

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments
							Maria de la companya

<sup>\*</sup> Total Water Volume sources may include fresh water, produced water, and/or recycled water

All component information listed was obtained from the supplier's Material Safety Data Sheets (MSDS). As such, the Operator is not responsible for inaccurate and/or incomplete information. Any questions regarding the content of the MSDS should be directed to the supplier who provided it. The Occupational Safety and Health Administration's (OSHA) regulations govern the criteria for the disclosure of this information. Please note that Federal Law protects "proprietary", "trade secret", and "confidential business information" and the criteria for how this information is reported on an MSDS is subject to 29 CFR 1910.1200(i) and Appendix D.

<sup>\*\*</sup> Information is based on the maximum potential for concentration and thus the total may be over 100%

Example of Generated Summary PDF by Current OCD System

Submit wilffilm 45 days of well		enerated Summary PDF by C State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505				T MELLAN NO. 30-025-43313  2 Wel Name: Proceedings of 25 Total Name of 25			
HYDRAULIC F DISCLOSURE			na r c, min 0700	,,,		Feet from 26	H Seption: 11 T	tewnship 10S IS Line N	Range 36E
⊠ Original						Feet from 38 5. Boltom Hote Unit-H Let	H Section 11 T	W Line E benship 10S	Range 36E
☐ Amendment						Feet from 2800 NS Line N Feet from 380 &W Line E 5 lethide: 33.46176642 -103.2196832			
						7. County: Les		-103.	21908328
Coperator Name and Address: APACHE CORP 303 Veterans Air Suite 3000 Midland 79705	park Lane				a pano	873	10. Phone Number	432-	918-1062
1. Last Fracture Date: 10	28/2016 Freo Performed	by Elite			12 Production				
2. Peor Code(s) 96155 5. True Vertical Depth (TVD):					14. Gross Fran 5.3 98. Yestal Union	tured intervel 603 ft to 12,21 me of Fluid Furn	3 ft		
4,950 ft 7. Total Volume of Re-Use Wa N/A					1,6	1.833.963 gais			
o. HYDRAULIC FLUII rade Name	D COMPOSITION   Supplier	AND CONCENTR	ATION:   Ingredients	(CAS #) Che	mical Abstract		igredient	Maximum Ingr	redient
Vater	Customer	Carrier/Base Fluid	Water	7732-18-5		Concentrati mass)	ton in Additive (% by	Concentration by mass)	
and (Proppant)	US Siaca	Proppart Proppart	Slica Substrate	14808-60-	,	-	100%		85.47331 8.02268
RCS (Proppant)	Momentive	Propparit	Silica Substrate	14808-60-7			100%		2.1004
lutrochloric Acid (15%)	CNR	Acidizing	Hydrochloric Acid	7647-01-0			38.8%		1.4647.
-N-1 Plus	Chemplex	Iron Central, Cerr Inhib, Surfactant	Acetic Acid Methanol	64-19-7 67-56-1		-	80% 10%		0.0228
Nexcide 24L Nexset 730	Chemplex Chemplex	Biocide Activator	Tetrahydro-3.Dimethys-2H Secondary Alcohol	533-74-4 84133-50-4			24% 50%		0.000
Persurf 240 E	Chemniev	Surfactant	Ethoxylate Methyl Alcohol	67-56-1		-	10%		
	- and		Alcohol Alkaxylate	Proprietary			50%		0.00726
Plexistick 953 CI	Chemplax	Friction Reducer	Alcohol Ethaxylate Surfactants Hydrotreated Petroleum	Proprietary 64742-47-8			30%		0.0003
			Distilate Polyacrylamide-co-Acrytic Acid	9003-06-9		-	31%		0.00125
Nexgel 907 LE	Chemplex	Polymer	Guar Gum	9000-30-0			50%		0.16012
			Mineral Oil Bentonite Clay	64742-47-8 14806-60-			55%		0.17613
			Surfactant	68439-51-0		+	2% 2%		0.0064
lexbor 101	Chemplex	Crosslinker	Ethylene Glycol	107-21-1			9.99%		0.00927
			Potssium Metaborate	13709-94-9	}		30%		0.0278
leirgel Breaker 10L	Chemplex	Gel Breaker	Potassium Hydroxide Mannanase Enzymes	1310-58-3 Proprietary		-	5% 2%		0.0046
			Sodium Chipride	7647-14-5			15%		0.00294
odium Persufate	Chemplex	Gel Breaker	Sodium Persufface	7775-27-1 1310-58-3			50%		0.0300
uffer 11 reenhip 679	Chemplex Chemplex	PH Centrol Scale inhibitor	Potassium Hydroxide Glycerine	1310-58-3 56-81-5			23% 35%		0.0074
	C. Graphan	COM SERVICE	Proprietary	Proprietary		1	35%		0.0074
			Water	7732-18-5			30%		0.0063
laypiex 650	Chemplex	Clay Stabilizer	Water Ethanaminium, 2-hydroxy-N,N,N-trimethyl-	7732-18-5 67-48-1			80% 35%		0.0135
Plencide 15G	Chemplex, LC	Biocide	chlonde Glutaraidehyde Didecyl dimethyl	111-30-8 7173-51-5			14%		0.0010
			ammonium chloride Alkyl dimethyl benzyl ammonium chloride	68424-85-1		_	3%		0.0002
w/zone845BCD-W	Catalyst	Brocide	Ethanol Didecyl dimethyl	64-17-5 7173-51-5			3% 50%		0.00022
			ammonium chloride Ethyl Alcohol	64-17-5			10%		(
I. I. as Operator, hereby certify	that the information shown	on this displaceurs form is	Methyl Alcohol true and complete to the best of m	67-56-1 y knoeledge ar	nd beind.		40%		- 0
		Printed Name Rees				Sr Str Tex: Analy	alf Regulatory		