

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

WELL API NO.

30-025-04054

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

North Monument G/SA Unit Blk. 9

8. Well Number 11

9. OGRID Number 873

10. Pool name or Wildcat

North Monument G/SA

**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

Apache Corp.

3. Address of Operator

P O box Drawer D Monument NM 88265

4. Well Location

Unit Letter K : 1980 feet from the S line and 1980 feet from the

W line

Section 25

Township 19S

Range 36E

NMPM

Lea

County

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 ☐

OTHER:

☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

P AND A ☐

CASING/CEMENT JOB ☐

OTHER:

5 year pressure test

☒

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.

Moved in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 540 psi & recorded the test on a chart for 33 minutes with no loss to 540 psi.

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



TITLE Instrument Tech

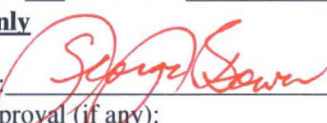
DATE 4/26/17

Type or print name Jim Ellison

E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734

**For State Use Only**

APPROVED BY:



TITLE

Compliance Officer

DATE

5/6/17

Conditions of Approval (if any):



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Graphic Controls

#711

DATE 4/26/77  
BR 2221

MTG  
Hatch  
Nimble  
55m 11  
Ew 085 04054  
K 25-195-366  
CALC Dne-12/6/16  
1000# 2333  
Sent-5404  
Eggs 5404  
39 min

James Bowen dec  
mashed  
w/ Luis

5404

end

5404