

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
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

Form C-103
October 13, 2009

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. 30-025-05628
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection well. <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Apache Corp.		6. State Oil & Gas Lease No.
3. Address of Operator P O box Drawer D Monument NM 88265		7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 2
4. Well Location Unit Letter <u>E</u> : <u>1980</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>W</u> line. Section <u>18</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County		8. Well Number 5
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 873
		10. Pool name or Wildcat North Monument G/SA

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 Maclasky pump truck to perform pressure test on casing. Pressured the casing to 590 psi & recorded the test on a chart for 33 minutes with a 5 lb. loss to 585 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 JD Ellison TITLE Instrument Tech DATE 6/18/18

Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 7/31/18

Conditions of Approval (if any):

Supervisor

HOBBS OGD

RECEIVED

JUL 30 2008

BR 2222

DATE 6-18-18

Graphic Controls

5

#205

Return Tex

CTC

Spence Bros

UMA 570 # 5

36-025-0000-00

E 18-195-375

calculate 4-2-18

Per # 55409

1000 #

500 #

500 #

500 #

500 #

500 #

500 #

500 #

500 #

START

56

58

57

56

55

54

53

52

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