

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

October 13, 2009

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-05644

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

North Monument G/SA Unit Blk. 5

8. Well Number 7

9. OGRID Number 873

10. Pool name or Wildcat

Eunice Monument G/SA

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ 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 G: 1980 feet from the N line and 1980 feet from theE lineSection 19Township 19SRange 37E

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 ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: ☐OTHER: MPT ☐

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.

Move in a Maclaskey pump truck. Pressure test the casing to 530 psi and chart the pressure for 32 minutes.  
Lost 10 lbs. during the test.

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

Terry Pickerel

TITLE

Lease Operator

DATE 6/26/2019Type or print name Terry PickerelE-mail address: Terry.Pickerel @apacheccorp.com PHONE:

575/441/7736

For State Use Only

APPROVED BY:

Kerry Inter

TITLE

Compliance Officer

DATE

6-28-19

# American Valve & Meter, Inc.

1113 W. BROADWAY

P.O. BOX 166 HOBBS, NM 88240

T0: McKlasky

DATE: 4/22/19

This is to certify that:

I, Justin Harris, Technician for American Valve & Meter Inc. Has checked the calibration of the following instrument.

8" Pressure recorder

Ser#50071501800

at these points.

Pressure #			Temperature *or Pressure #		
Test	Found	Left	Test	Found	Left
- 0	-	- 0	-	-	-
- 500	-	- 500	-	-	-
- 700	-	- 700	-	-	-
- 1000	-	- 1000	-	-	-
- 200	-	- 200	-	-	-
- 0	-	- 0			

Remarks:

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Signature: 

