

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

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised July 18, 2013

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. 30-025-09163
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Apache Corporation		6. State Oil & Gas Lease No. A0-2614
3. Address of Operator 303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705		7. Lease Name or Unit Agreement Name South Eunice 7-Rivers Queen Unit (306622)
4. Well Location Unit Letter <u>H</u> : 1980 feet from the <u>North</u> line and <u>990</u> feet from the <u>East</u> line Section <u>35</u> Township <u>22S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number <u>406</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3473' GL		9. OGRID Number 873
		10. Pool name or Wildcat Eunice; Seven Rivers-Queen, South (24130)

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: ANNUAL TESTING <input checked="" type="checkbox"/>
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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.

Apache performed the required annual testing for this well 6/1/2017; chart attached.

Spud Date:

12/15/1957

Rig Release Date:

12/26/1957

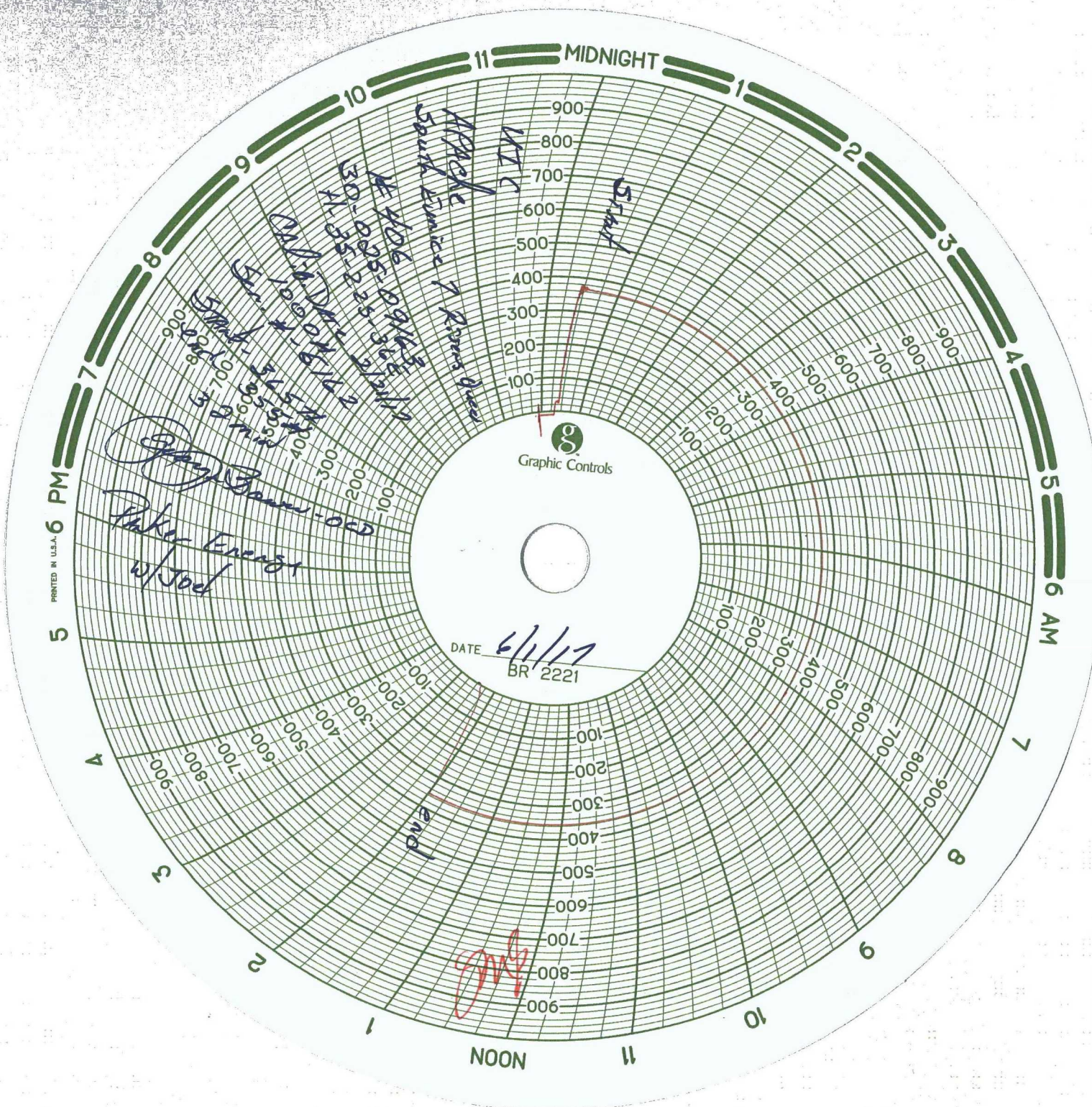
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Reesa Fisher TITLE Sr. Staff Reg Analyst DATE 7/5/2017

Type or print name Reesa Fisher E-mail address: Reesa.Fisher@apachecorp.com PHONE: (432) 818-1062

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 7/17/17
Conditions of Approval (if any):



HOBBS OGD

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

JUL 10 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Apache</i>	API Number <i>30-025-09163</i>
Property Name <i>South Eunice Seven Rivers Quader</i>	Well No. <i>406</i>

7. Surface Location

UL - Lot <i>H</i>	Section <i>35</i>	Township <i>22</i>	Range <i>36</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>990</i>	E/W Line <i>E</i>	County <i>LRA</i>
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Well Status

TA'D Well <i>NO</i>	SHUT-IN <i>NO</i>	INJECTOR <i>INJ</i>	PRODUCER <i>OIL</i>	DATE <i>6/1/17</i>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>6.00</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 _____
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR _____
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS _____
Down to nothing	<i>0/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	If applicable type
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	fluid injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood

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

Signature: <i>Kyle Messimer</i>	OIL CONSERVATION DIVISION
Printed name: <i>Kyle Messimer</i>	Entered into RBDMS
Title: <i>Pumper</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>Kyle.messimer@apachecorp.com</i>	
Date: <i>6-1-17</i>	
Phone: <i>575-411-1022</i>	
Witness: <i>[Signature]</i>	