

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOCD

Hobbs

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION		5. Lease Serial No. NMLC032096A
2. Name of Operator APACHE CORPORATION		6. If Indian, Allottee or Tribe Name
3a. Address 303 VETERANS AIRPARK LANE SUITE 3000 MIDLAND, TX 79705		7. If Unit or CA/Agreement, Name and/or No. NMNM120042X
3b. Phone No. (include area code) Ph: 432-818-1062		8. Well Name and No. WEST BLINEBRY DRINKARD UNIT 221 ✓
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 17 T21S R37E NESE 2300FSL 500FEL ✓		9. API Well No. 30-025-42496
		10. Field and Pool or Exploratory Area EUNICE; B-T-D, NORTH
		11. County or Parish, State LEA COUNTY COUNTY, NM

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Production Start-up
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Apache completed this well, as follows: (WFX-967)

6/01/2017 MIRUSU Tag cmt @ 4374', DO DV tool @ 4437'. Tag cmt @ 6469'; RU swivel & drilled to 6629'.  
6/02/2017 DO FC @ 6709' & cement to 6800'.  
6/05/2017 Perf Drinkard @ 6578'-6680' w/2 SPF, 140 shots. Test good to 500#.  
6/06/2017 Acidize Drinkard w/10,000 gal 15% HCL NEFE acid.  
6/07/2017 RIH & set packer @ 6530'; circ prk fluid.  
6/08/2017 RIH w/IPC 2-3/8" 4.8# J-55 tbg w/EOT @ 6551'. Test good to 500# for 30 min. Prep to lay injection line to begin injecting at a later date.  
6/15/2017 Ran OCD witnessed MIT; chart attached.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #379717 verified by the BLM Well Information System For APACHE CORPORATION, sent to the Hobbs Committed to AFMSS for processing by DEBORAH MCKINNEY on 06/30/2017 ()</b>	
Name (Printed/Typed) REESA FISHER	Title SR STAFF REGULATORY ANALYST
Signature (Electronic Submission)	Date 06/26/2017
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>	
Approved By _____	Title _____ Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

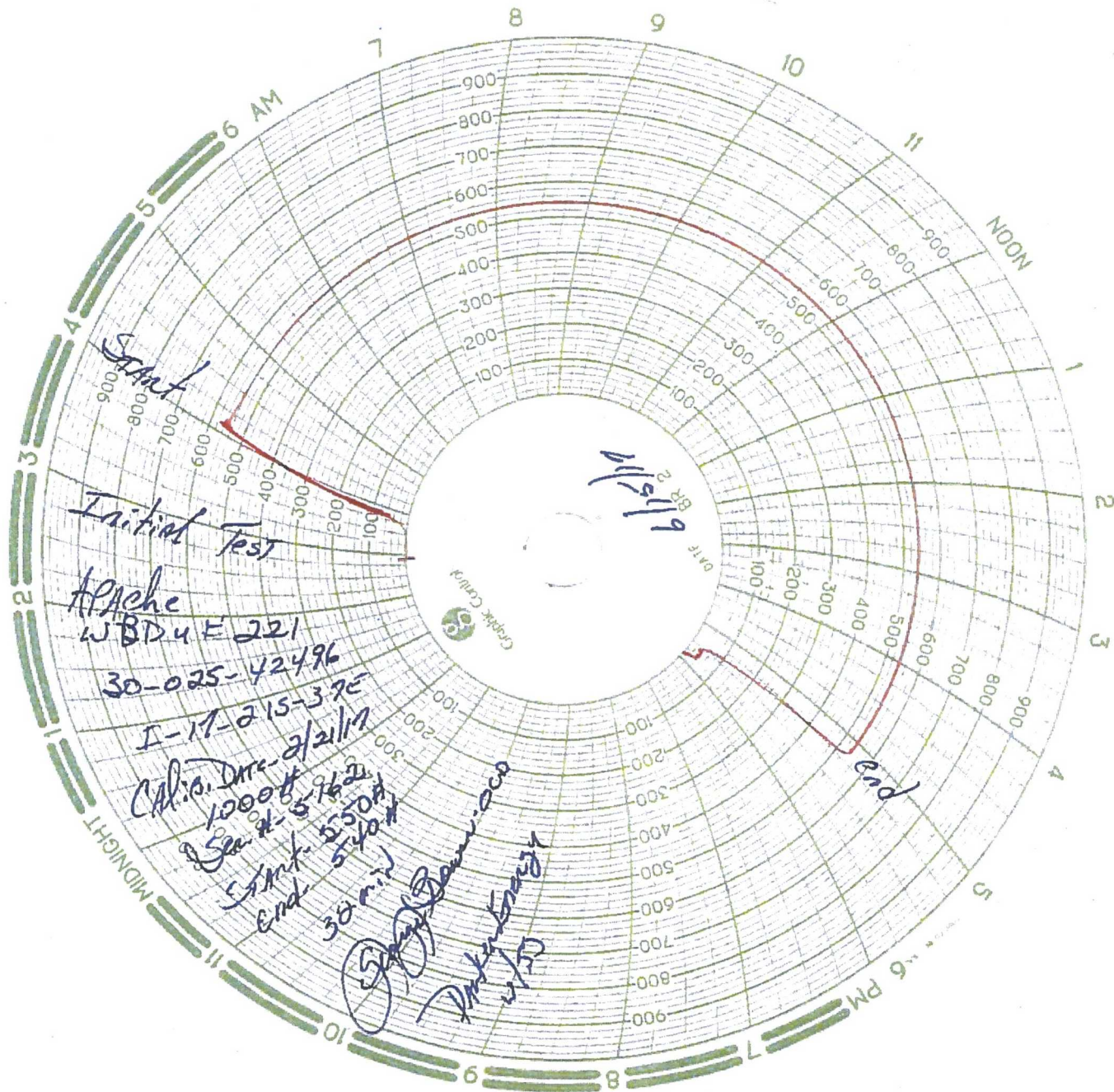
K2

**Additional data for EC transaction #379717 that would not fit on the form**

**32. Additional remarks, continued**

Logs mailed.





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

BRADENHEAD TEST REPORT

Operator Name <i>Apache</i>		API Number <i>30-025-42496</i>	
Property Name <i>WBDU</i>		Well No. <i>221</i>	

1. Surface Location

UL - Lot <i>I</i>	Section <i>17</i>	Township <i>21S</i>	Range <i>37E</i>	Feet from <i>2300</i>	N/S Line <i>S</i>	Feet From <i>500</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

YES	TA'D WELL	NO	YES	SHUT-IN	NO	INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE <i>6/15/17</i>
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OBSERVED DATA

	(A) Surface	(B) Internal 1	(C) Internal 2	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>			<i>0</i>	<i>0</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>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if
					applies.

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

*Initial Test*

Signature:		OIL CONSERVATION DIVISION	
Printed Name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: <i>6/15/17</i>	Phone:		
Witness: <i>J. Dancer</i>			

INSTRUCTIONS ON BACK OF THIS FORM