

WELL API NO.

30-025-41725

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. 5

8. Well Number 399

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 BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐

2. Name of Operator

Apache Corp.

3. Address of Operator

P O box Drawer D Monument NM 88265

4. Well Location

Unit Letter M : 1180 feet from the S line and 205 feet from the

W line

Section 19

Township 19S

Range 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 ☐

OTHER:

☐

SUBSEQUENT REPORT OF:

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

OTHER: Extend TA Status

☐

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.

Perfs 3736' - 3833'

Move in a pump truck and pressure the casing to 550 psi. Record the results for 32 minutes on a chart. No pressure was lost During the test. Apache Corporation requests a continued TA status for this well.

This Approval of Temporary
Abandonment Expires 11/20/2020 PM

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 11/20/2017Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: 575/441/7734

For State Use Only

APPROVED BY: Mary Brown TITLE AO/II DATE 11/21/2017

Conditions of Approval (if any):

RSDMS - CHART - ✓

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

NOV 20 2017

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name APACHE CORP		API Number 30-025-41725-0000	
Property Name NMGSAU		Well No. 399	

7. Surface Location

UL - Lot M	Section 19	Township 19-S	Range 37-E	Feet from 1180	N/S Line S	Feet From 205	E/W Line W	County LEA
---------------	---------------	------------------	---------------	-------------------	---------------	------------------	---------------	---------------

Well Status

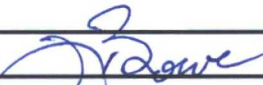
TA'D Well YES <input checked="" type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input checked="" type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input checked="" type="radio"/> GAS <input checked="" type="radio"/>	DATE 11/20/17
---	---	---	---	------------------

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csnrg	(E)Tubing
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Flow Characteristics					
Puff	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	CO2 _____
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	WTR _____
Surges	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	GAS _____
Down to nothing	Y / N	Y / N	Y / N	Y / N	If applicable type
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	fluid injected for
Water	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	Waterflood

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

TA STATUS TEST

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 11/20/17	Phone: 
Witness: KERRY FORTNER-OCD 575-399-3221	

