

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

Form C-103  
October 13, 2009

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

WELL API NO.  
30-025-05925

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

L M Lambert

8. Well Number 1

9. OGRID Number 873

10. Pool name or Wildcat  
Eumont Yates 7RQ

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 ☐ Other

2. Name of Operator  
Apache Corp.

3. Address of Operator  
P O box Drawer D Monument NM 88265

4. Well Location

Unit Letter B : 330 feet from the N line and 2310 feet from the  
E line

Section 6

Township 20S

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: TA 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.

MEET OCD REP. KERRY FORTNER ON LOCATION.

OPEN SURFACE CASING VALVE AND OBSERVE PUFF THAT BLOW DOWN TO NOTHING. MONITOR DURING TEST.

RU MACLASKEY PUMP TRUCK AND CHART RECORDER.

PRESSURE UP ON CASING TO 560# FOR 32 MINUTES AND RECORD TEST ON CHART.

ENDING PRESSURE 560#. NO LOSS OR GAIN. SURFACE CASING NEUTRAL DURING TEST.

RELEASE PRESSURE AND RD MACLASKEY.

REQUEST EXTENSION FOR TA STATUS.

This Approval of Temporary  
Abandonment Expires 3/23/2020

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 Joel Sisk TITLE SR. PUMPER DATE 3/23/2018

Type or print name JOEL SISK E-mail address: joel.sisk@apacheccorp.com PHONE: 575-441-0793

For State Use Only

APPROVED BY: Mary S Brown TITLE AO/II DATE 3/28/2018

Conditions of Approval (if any):

RBDMS-CHART-✓

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

BRADENHEAD TEST REPORT

Operator Name <b>APACHE Corp</b>		API Number <b>30-025-05925</b>	
Property Name <b>L M LAMBERT</b>		Well No. <b>001</b>	

7. Surface Location

UL - Lot <b>B</b>	Section <b>6</b>	Township <b>20S</b>	Range <b>37E</b>	Feet from <b>330</b>	N/S Line <b>N</b>	Feet From <b>2310</b>	E/W Line <b>E</b>	County <b>Lea</b>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INJ <input type="checkbox"/> YES <input type="checkbox"/> NO	INJECTOR <input type="checkbox"/> YES <input type="checkbox"/> NO	SWD <input type="checkbox"/> YES <input type="checkbox"/> NO	OIL <input type="checkbox"/> YES <input type="checkbox"/> NO	PRODUCER <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OIL	DATE <b>3-23-19</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>—</b>	<b>—</b>	<b>0</b>	<b>0</b>
Flow Characteristics					<b>TA</b>
Puff	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>CO2 —</b>
Steady Flow	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>WTR —</b>
Surges	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>GAS —</b>
Down to nothing	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	Type of Fluid
Gas or Oil	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	Injected for
Water	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	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.

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: <b>3-23-18</b>	Phone:		
Witness: <b>Kerry Fortner - OCD</b>			

**399-3221**

INSTRUCTIONS ON BACK OF THIS FORM