

HOBBS OGD
JUL 30 2009
RECEIVED

WELL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025- <u>05787</u> ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. <u>16</u>
8. Well Number <u>4</u> / <u>16</u>
9. OGRID Number <u>873</u> ✓
10. Pool name or Wildcat North Monument G/SA ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 Injection well.

2. Name of Operator

Apache Corp.

3. Address of Operator

P O box Drawer D Monument NM 88265

4. Well Location

Unit Lette: D : 660 feet from the N line and 660 feet from the W line

Section 32 Township 19S Range 37E NMPM Lea County

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: ☒ 5 year pressure 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.

Move in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 550 psi & recorded the test on a chart for 32
minutes with a final psi. of 550 550 # gmb

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

TITLE Instrument Tech

DATE 6-20-18

Type or print name Jim Ellison

E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734

For State Use Only

APPROVED BY: James Bowen

TITLE Compliance Supervisor DATE 8/1/18

Conditions of Approval (if any):

PRINTED IN U.S.A.

33
Graphic Controls

BR 2222-9
DATE 81-06-9

1091#

RECEIVED
JUN 20 1981

HOBBS OGD

Apache Corp.
N.M.G.S.A.U. #004

30 025-05787-00-00
32-195-876
202 date 4-22-81

W 32-195-876
202 date 4-22-81
202 # 574029

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