

State of New Mexico
Energy, Minerals and Natural Resources**HOBBS OCD****OIL CONSERVATION DIVISION****AUG 01 2018****RECEIVED**

WELL API NO.

30-025-32532

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Bertha Barber

8. Well Number 15

9. OGRID Number

10. Pool name or Wildcat

Eumont

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 D : 990 feet from the N line and 1980 feet from theW lineSection 5Township 20SRange 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:

TA extension

☐

SUBSEQUENT REPORT OF:

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

OTHER:

☐

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 @ 3207 - 3406

Plan to move in a pump truck to pressure test the casing to 500 psi & chart the results for 30 minutes.

Condition of Approval: notify**OCD Hobbs office 24 hours****prior of running MIT Test & Chart**

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

8-1-18

Type or print name Jim Ellison

E-mail address: JD.Ellison@apacheccorp.com

PHONE:

575-441-7734

For State Use Only

APPROVED BY:

TITLE

DATE

8/1/2018

Conditions of Approval (if any):