

Submit 1 Copy To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Hobbs, NM 88210
District III
1000 Rio Brazos Blvd., 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. 30-025-34005
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name W A Weir
8. Well Number 15
9. OGRID Number 873
10. Pool name or Wildcat Yeso

SUMMARY 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	
2. Name of Operator Apache Corp.	
3. Address of Operator P O box Drawer D Monument NM 88265	
4. Well Location Unit Letter <u>O</u> : <u>990</u> feet from the <u>S</u> line and <u>2310</u> feet from the <u>E</u> line Section <u>26</u> Township <u>19S</u> Range <u>36E</u> NMPM <u>Lea</u> 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: MPT for TA extension ☐

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 6658 - 6714

Moved in a truck and pressured the casing to 560 psi ran a chart for 32 minutes with a loss of 15 psi to 545 psi. Apache requests a TA Extension for this well.

This Approval of Temporary
Abandonment Expires 11/21/2021

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

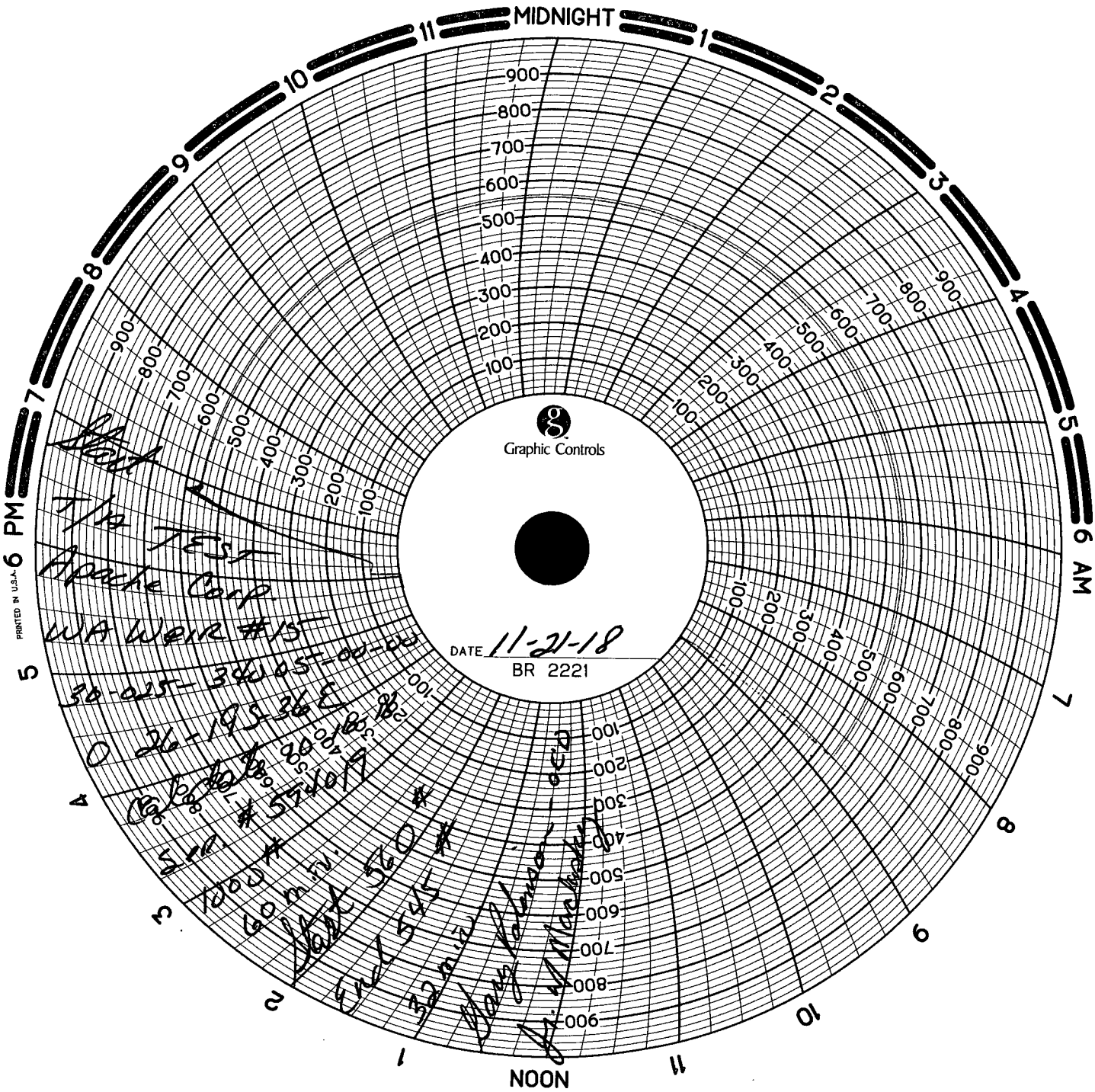
SIGNATURE JD Ellison TITLE Instrument Tech DATE 11/21/18

Type 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/I DATE 12/3/2018

Conditions of Approval (if any):



Graphic Controls

DATE 11-21-18
BR 2221

PRINTED IN U.S.A.

Handwritten: 1/12 TEST

Handwritten: Apache Corp

Handwritten: WA Weir #15

Handwritten: 30-025-30005-00-00

Handwritten: 26-19536E

Handwritten: 2000000

Handwritten: #551019

Handwritten: 500 #

Handwritten: 1000 #

Handwritten: 60 min.

Handwritten: 500 #

Handwritten: 32 min.

Handwritten: 500 #

Handwritten: 32 min.

Handwritten: 500 #

Handwritten: 32 min.

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 30-025-34005
Property Name WA Weir		Well No. #15

7. Surface Location

UL - Lot 0	Section 26	Township 19S	Range 36E	Feet from 990	N/S Line S	Feet from 2310	E/W Line E	County LEA
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Well Status

<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> INJ	<input type="radio"/> SWD	<input checked="" type="radio"/> OIL	<input type="radio"/> GAS	DATE 11-21-18
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure		N/A	N/A		NONE
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <input type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	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:	Phone:	
Witness: Dan Holman		

INSTRUCTIONS ON BACK OF THIS FORM