

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

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.)		WELL API NO. <input checked="" type="checkbox"/> 30-025-05820
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Apache Corp.		6. State Oil & Gas Lease No.
3. Address of Operator P O box Drawer D Monument NM 88265		7. Lease Name or Unit Agreement Name J H Williams A
4. Well Location Unit Letter <u>M</u> : <u>330</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>W</u> line Section <u>34</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County		8. Well Number 2
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 873
		10. Pool name or Wildcat Eumont Yates 7RQ

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 ☐

SUBSEQUENT REPORT OF:

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

OTHER: ☐

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.

3/7/2019

1. MEET OCD REP. GARY ROBINSON.
2. LOAD CSG W/ PKR FLUID. PRESSURE UP TO 540#.
3. RECORD TEST ON CHART RECORDER FOR 32 MINUTES.
4. ENDING PRESSURE 535#. RELEASE PRESSURE.
5. REQUEST TA STATUS FOR WELL

pm.
This Approval of Temporary
Abandonment Expires 3-7-2021

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 Jimmy Cross TITLE PUMPER III DATE 3/7/19

Type or print name JIMMY CROSS E-mail address: jimmy.cross@apacheccorp.com PHONE: 575-441-7731

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 3-18-19

Conditions of Approval (if any)

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

BRADENHEAD TEST REPORT

Operator Name Apache		API Number 30-025-05820	
Property Name J.H. Williams A		Well No. # 2	

Surface Location

UL - Lot m	Section 34	Township 19S	Range 37E	Feet from 330	N/S Line S	Feet From 330	E/W Line W	County Lea
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Well Status

TA'D WELL <input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES <input type="radio"/> NO	INJECTOR <input type="radio"/> INJ <input type="radio"/> SWD	PRODUCER <input type="radio"/> OIL <input checked="" type="radio"/> GAS	DATE 3-7-19
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	N/A	N/A	0	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.

T/A TEST

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS SK	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: Steve Robinson			

INSTRUCTIONS ON BACK OF THIS FORM

