

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

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

2nd Copy

Form C-103
October 13, 2009

WELL API NO. 30-025-41281
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 Bertha J Barber
8. Well Number 15
9. OGRID Number 873
10. Pool name or Wildcat Eunice Monument G/SA

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Injection well	
2. Name of Operator Apache Corp.	HOBBS OCD
3. Address of Operator P O box Drawer D Monument NM 88265	MAY 08 2019
4. Well Location Unit Letter <u>A</u> : <u>590</u> feet from the <u>N</u> RECEIVED <u>145</u> feet from the <u>E</u> line Section <u>7</u> Township <u>20S</u> Range <u>37E</u> 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 *√ p.m.*

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.

1. Meet OCD Rep. Gary Robinson on location.
2. Pressure up on casing to 540# for 32 minutes, ending pressure 540#. Record test on chart.
3. Bleed pressure to zero.
4. Request TA status.

This Approval of TA EXPIRES: 4-26-20

FINAL TA STATUS EXTENSION -

Well needs to be PLUGGED or RETURNED to PRODUCTION

BY THE DATE STATED ABOVE: KJ

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 Mario Tarango TITLE Pumper DATE 4/26/2019

Type or print name Mario Tarango E-mail address: mario.tarango@apacheccorp.com PHONE: 575-631-9147

For State Use Only

APPROVED BY: Kerry Fath TITLE Compliance Officer A DATE _____

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 <i>Apache</i>		API Number <i>30-025-41281</i>
Property Name <i>Bertha J Barber</i>		Well No. <i>#15</i>

1. Surface Location

U.L. - Lot <i>A</i>	Section <i>7</i>	Township <i>20S</i>	Range <i>37E</i>	Feet from <i>590</i>	N.S. Line <i>N</i>	Feet from <i>145</i>	E.W. Line <i>E</i>	County <i>LEA</i>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES	SHUT-IN <input checked="" type="checkbox"/> YES	NO	INJ	INJECTOR SWD	PRODUCER <input checked="" type="checkbox"/> OIL	GAS	DATE <i>4-26-19</i>
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OBSERVED DATA

	(A) Surface	(B) Interm 1	(C) Interm 2	(D) Prod Ceng	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>NONE</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of fluid injected for vented applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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 <i>gsk</i>
E-mail Address:		
Date:	Phone:	
Witness: <i>Doug Robinson</i>		

INSTRUCTIONS ON BACK OF THIS FORM

