

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

WELL API NO.

30-025-33567

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

W A Weir

8. Well Number 11

9. OGRID Number

873

10. Pool name or Wildcat  
Tubb/Drinkard

**STANDARD 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 ☐

2. Name of Operator

Apache Corp.

3. Address of Operator

P O box Drawer D Monument NM 88265

4. Well Location

Unit Letter L : 1680 feet from the North line and 580 feet from the West line  
Section 35 Township 19S Range 36E 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 ☐

**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.

Perfs 6549 - 6674 CIBP @ 6500'

1. Meet OCD Rep. Gary Robinson on location. Meter cal. Date 4-30-19
2. RU Alta Vista truck/Juan Arreola
3. Load casing and pressure up to 600# for 32 minutes, ending pressure 600#.
4. Record test on chart recorder.
5. Release casing pressure. RD Alta Vista.
6. Request TA extension.

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 12/27/19  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: 27

Spud Date:

Rig R

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 6/28/2019

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

**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer DATE 6-28-19  
Conditions of Approval (if any)

PRINTED IN U.S.A.

Graphic Controls

DATE 6-27-19  
BR 2222

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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>30-025-33567</i>	
Property Name <i>W.A. Weir</i>		Well No. <i>#11</i>	

1. Surface Location

UL - Lot <i>L</i>	Section <i>35</i>	Township <i>19S</i>	Range <i>36E</i>	Feet from <i>1680</i>	N/S Line <i>N</i>	Feet From <i>580</i>	E/W Line <i>W</i>	County <i>LEA</i>
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Well Status

<input checked="" type="checkbox"/> YES	TA'D WELL	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	SHUT-IN	<input type="checkbox"/> NO	INJ	INJECTOR	SWD	<input checked="" type="checkbox"/> OIL	PRODUCER	GAS	DATE <i>6-27-19</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>NOISE</i>
Flow Characteristics					
Pull	<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 waterflood if 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.

*Flowline needs to be disconnected from wellhead.  
Shanker*

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS <i>[Signature]</i>	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM