

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.

30-025-41603

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

Monument Abo

8. Well Number 3

9. OGRID Number 873

10. Pool name or Wildcat

Abo

## 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 ☐

2. Name of Operator

Apache Corp.

3. Address of Operator

P O box Drawer D Monument NM 88265

4. Well Location

Unit Letter \_\_\_\_\_ F \_\_\_\_\_ : \_\_\_\_\_ 2310 \_\_\_\_\_ feet from the \_\_\_\_\_ N \_\_\_\_\_ line and \_\_\_\_\_ 1650 \_\_\_\_\_ feet from the \_\_\_\_\_ W \_\_\_\_\_ line

Section 2 Township 20S 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 ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐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 7086' - 7673'

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 680# for 32 minutes, ending pressure 680#.
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: 7-1-20

Well needs to be PLUGGED OR RETURNED to PRODUCTION

BY THE DATE STATED ABOVE: 87

Spud Date:

Rig Relk

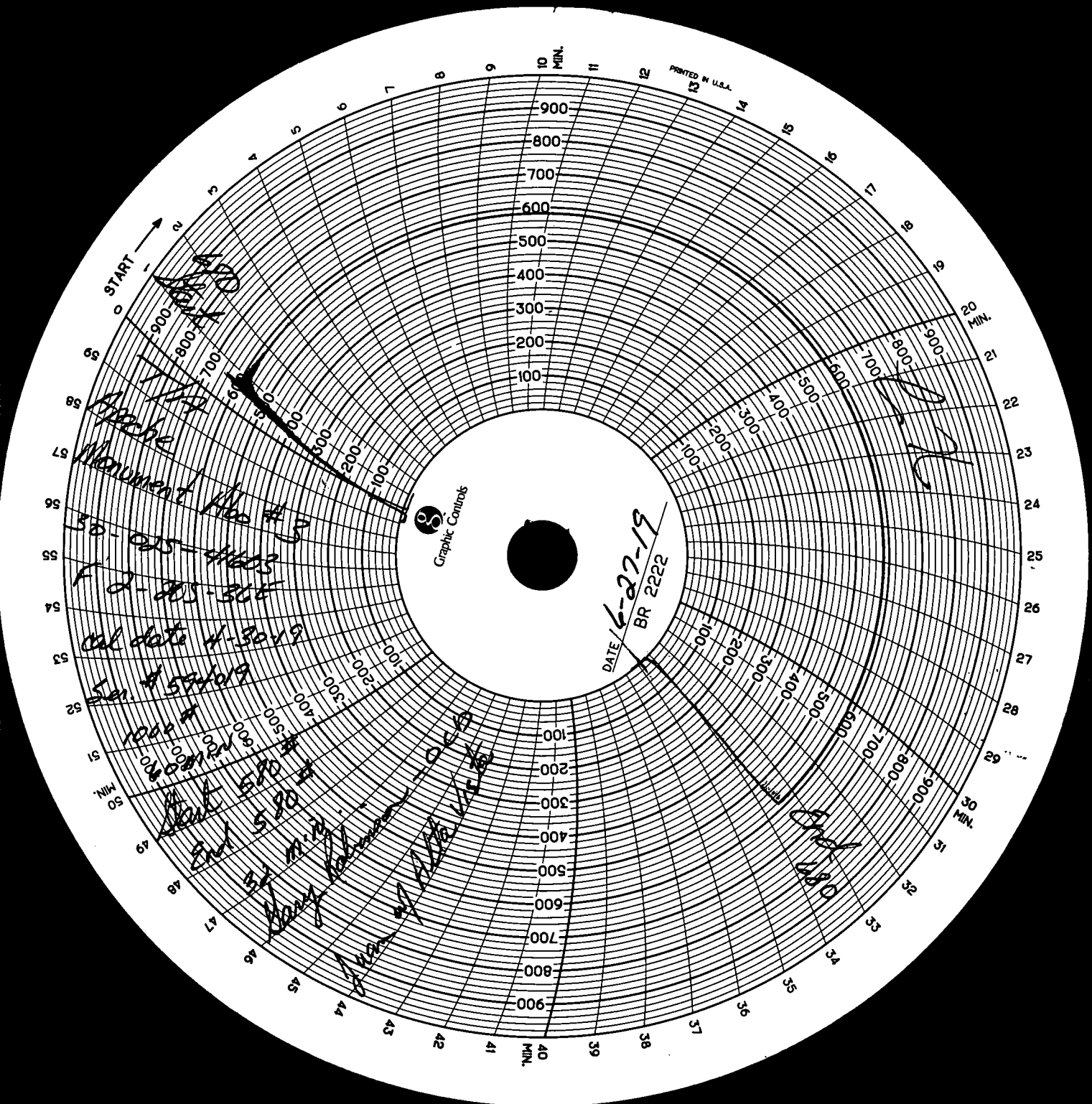
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mario Tarango TITLE Pumper DATE 6/28/2019Type or print name Mario Tarango E-mail address: mario.tarango@apachecorp.com PHONE: 575-631-9147

## For State Use Only

APPROVED BY: Kerry Forter TITLE Compliance Officer A DATE 6-28-19

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 <i>Apache</i>		API Number <i>30-025-41603</i>	
Property Name <i>Monument Abo</i>		Well No. <i># 3</i>	

1. Surface Location

UL - Lot <i>F</i>	Section <i>2</i>	Township <i>20S</i>	Range <i>36E</i>	Feet from <i>2310</i>	N/S Line <i>N</i>	Feet From <i>1650</i>	E/W Line <i>W</i>	County <i>LEA</i>
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Well Status

YES <input checked="" type="radio"/> NO <input type="radio"/>	YES <input checked="" type="radio"/> NO <input type="radio"/>	INJ	SWD	OIL <input checked="" type="radio"/> GAS <input type="radio"/>	DATE <i>6-27-19</i>
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OBSERVED DATA

	(A) Surface	(B) Interim (1)	(C) Interim (2)	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>NONE</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 applicable
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 well heads*  
*Thanks*

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

INSTRUCTIONS ON BACK OF THIS FORM