

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-025-31159	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. A-2614	
7. Lease Name or Unit Agreement Name McDonald State AC 1	
8. Well Number 033	
9. OGRID Number 873	
10. Pool name or Wildcat Eunice; 7 Rivers-Queen, South [24130]	

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 type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>	
2. Name of Operator Apache Corporation	
3. Address of Operator 303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705	
4. Well Location Unit Letter <u>I</u> : <u>1340</u> feet from the <u>South</u> line and <u>10</u> feet from the <u>East</u> line Section <u>16</u> Township <u>22S</u> Range <u>36E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3552' GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT <input checked="" type="checkbox"/>	

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.

This well was tested in conjunction with the Bradenhead test, as required, on 7/3/19; see copy of chart attached.

Spud Date:

6/14/1991

Rig Release Date:

6/21/1991

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

SIGNATURE

Reesa Fisher

TITLE Sr. Staff Reg Analyst

DATE 7/24/2019

Type or print name Reesa Fisher

E-mail address: Reesa.Fisher@apachecorp.com

PHONE: (432) 818-1062

For State Use Only

APPROVED BY:

Shirley Johnson

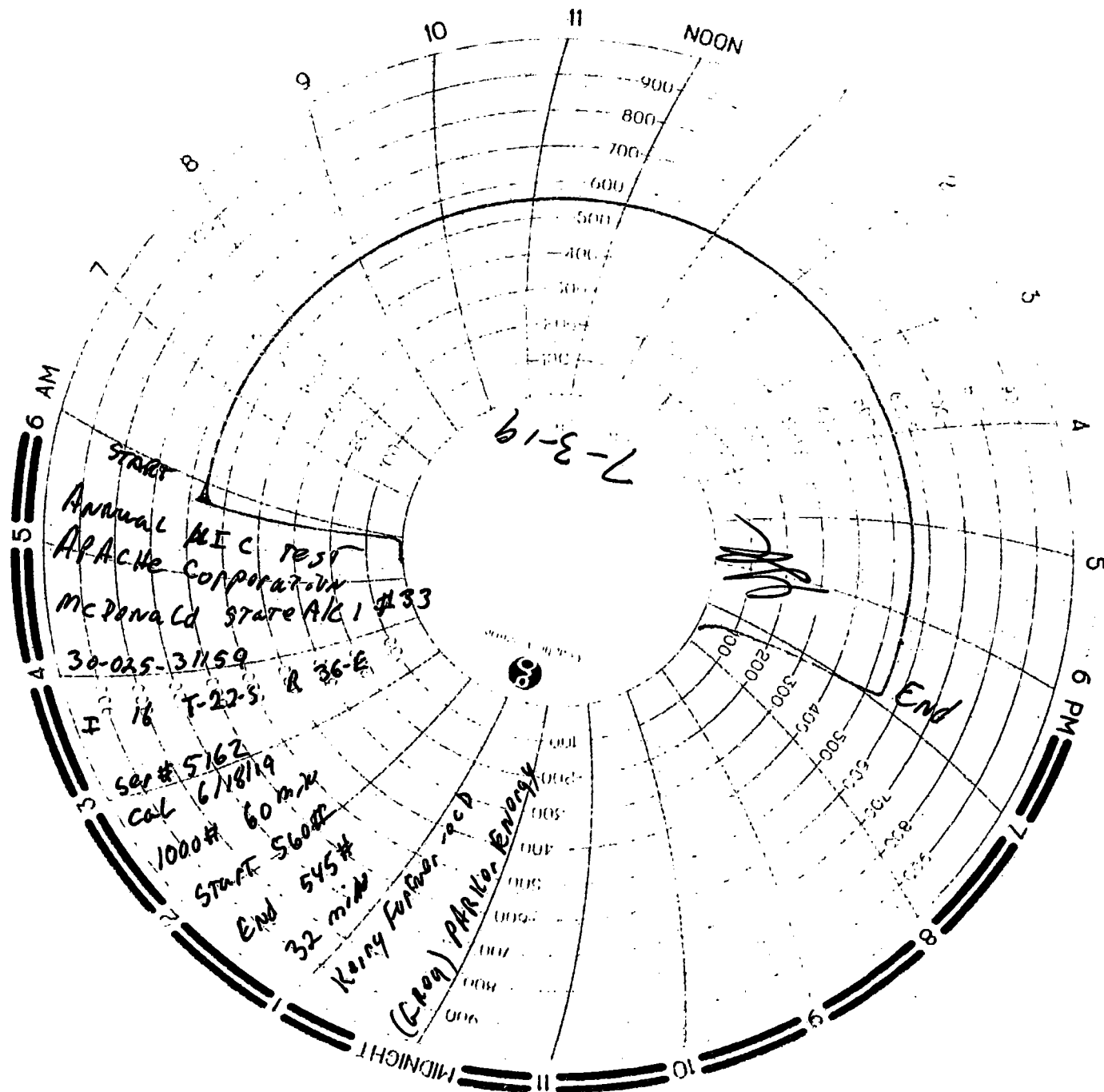
TITLE

Operations Office

DATE

8-6-19

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 Corporation		API Number 30-025-31159	
Property Name McDonald STATE A/c 1		Well No. 33	

1. Surface Location

UL - Lot I	Section 16	Township T-22N	Range 36-E	Feet from 1340	N/S Line S	Feet From 10	E/W Line E	County Lea
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Well Status

YES	TA'D WELL <input checked="" type="checkbox"/>	YES	SHUT-IN <input checked="" type="checkbox"/>	INJ <input checked="" type="checkbox"/>	INJECTOR <input type="checkbox"/>	SWD <input type="checkbox"/>	OIL <input type="checkbox"/>	PRODUCER <input type="checkbox"/>	GAS <input type="checkbox"/>	DATE 7-3-19
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OBSERVED DATA

	(A) Surface	(B) Interim(1)	(C) Interim(2)	(D) Prod Casing	(E) Tubing
Pressure	0	—	—	0	400
Flow Characteristics					
Puff	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	CO2 ____
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	WTR ____
Surges	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	GAS ____
Down to nothing	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	Type of Fluid Injected for Wash/Oiled if applies
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	
Water	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

MIT/BHT OK
(Greg) PARKER ENERGY
Seal 5162
Cal 6/18/19

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: 7-3-19	Phone:		
Witness: Kerry Fortner - OCD			

399-3221

INSTRUCTIONS ON BACK OF THIS FORM