

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103

October 13, 2009

WELL API NO.

30-025-05764

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

North Monument G/SA Unit Blk. 15

8. Well Number 16

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 ☐ Gas Well ☒ Injection well

2. Name of Operator

Apache Corp.

3. Address of Operator

P O box Drawer D Monument NM 88265

4. Well Location

Unit Letter P : 660 feet from the S line and 660 feet from the E line

Section 31 Township 19S Range 37E 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: MPT ☐

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.

Move in a McKlaskey pump truck. Pressure test the casing to 360 psi and chart the pressure for 32 minutes.
End at 340 psi. Lost 20 psi during the test.

Spud Date:

Rig Release Date:

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

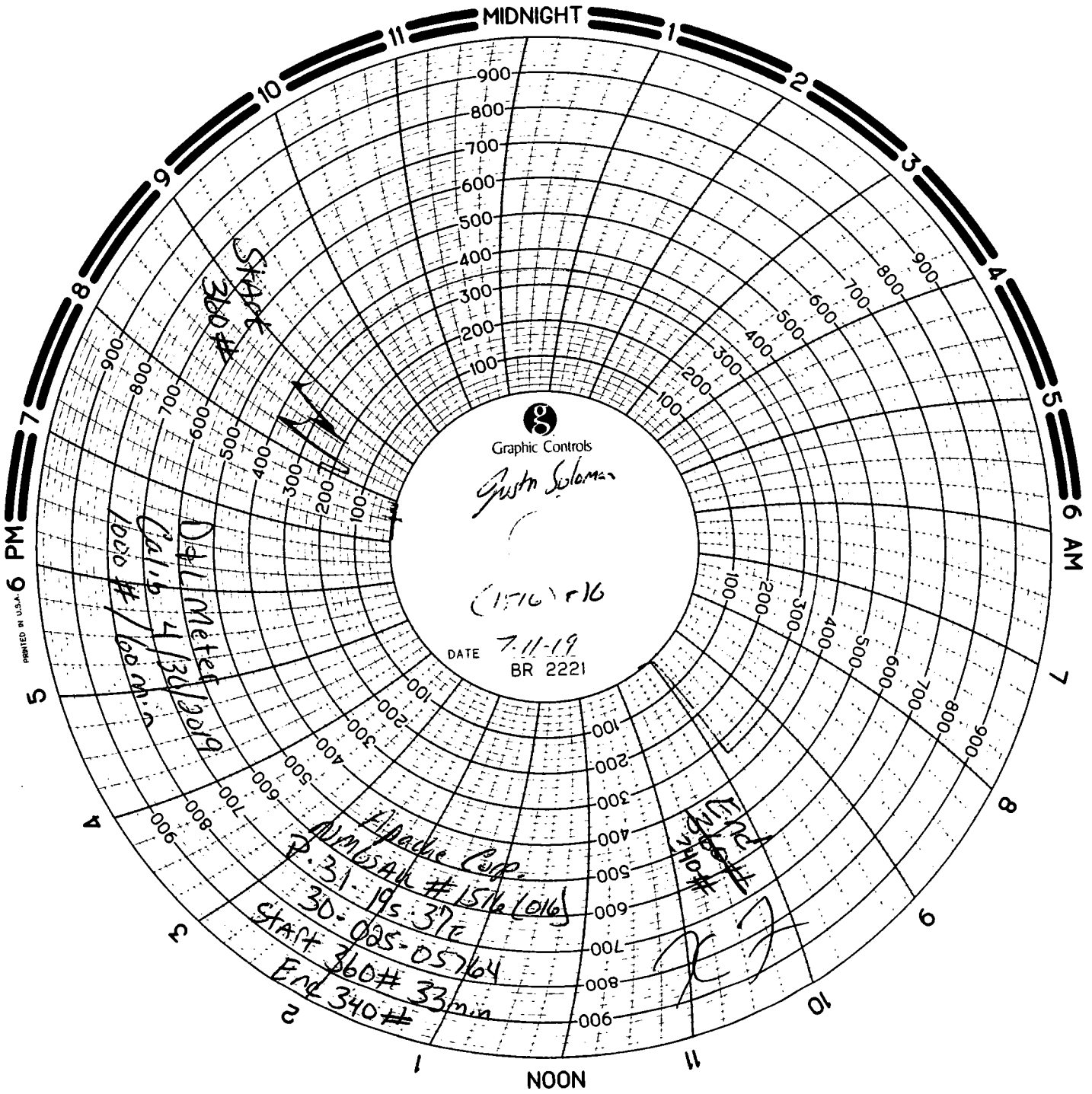
SIGNATURE Justin Solomon TITLE Pumper II DATE 7-12-2019

Type or print name Justin Solomon E-mail address: Justin.Solomon@apacheccorp.com PHONE: 575-390-4054

For State Use Only

APPROVED BY: Kerry Fater TITLE C.O. A DATE 11-4-19

Conditions of Approval (if any):



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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 Apache Corp		* API Number 30-025-05764	
Property Name NMBSAU		Well No. 016 (1516)	

* Surface Location

UL - Lot P	Section 31	Township 19S	Range 37E	Feet from 660	NS Line S	Feet from 660	E/W Line E	County Lea
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Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES	NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL	PRODUCER GAS	DATE 7-12-19
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	0	0		150	1080
Flow Characteristics	Noise	Noise		Flow	
Puff	Y/N	Y/N	Y/N	Y/N	CO2 <input checked="" type="checkbox"/>
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input checked="" type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/N	GAS <input checked="" type="checkbox"/>
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of fluid injected for waterflood if applies
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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

(I) Decrease water flow down to trickle never stopped
(E) well shut in until repaired

Signature: Justin Solomon		OIL CONSERVATION DIVISION	
Printed name: Justin Solomon		Entered into RBDMS	
Title: Pumper II		Re-test	
E-mail Address: Justin.Solomon@ApacheCorp.Com			
Date: 7-12-19	Phone: 575-390-4054		
Witness:			