| ceined by Opp Po Appropriate bistact 45 I                                            | PM State of New                                             | Mexico                |                                    | Form C-103 <sup>1</sup> of |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------|------------------------------------|----------------------------|
| Office<br><u>District I</u> – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 88240  | Energy, Minerals and Natural Resources                      |                       | Revised July 18, 2013 WELL API NO. |                            |
| <u>District II</u> – (575) 748-1283<br>811 S. First St., Artesia, NM 88210           | OIL CONSERVATION DIVISION                                   |                       |                                    |                            |
| <u>District III</u> – (505) 334-6178                                                 | 1220 South St. I                                            | Francis Dr.           | 5. Indicate Type of Lea            | se<br>FEE                  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u> – (505) 476-3460          | Santa Fe, NM                                                | 1 87505               | 6. State Oil & Gas Lease No.       |                            |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505                                       |                                                             |                       |                                    |                            |
| (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC                     |                                                             | R PLUG BACK TO A      | 7. Lease Name or Unit              | Agreement Name             |
| PROPOSALS.)  1. Type of Well: Oil Well                                               | Gas Well Other                                              |                       | 8. Well Number                     |                            |
| 2. Name of Operator                                                                  |                                                             |                       | 9. OGRID Number                    |                            |
| 3. Address of Operator                                                               |                                                             |                       | 10. Pool name or Wilde             | cat                        |
| 4. Well Location                                                                     |                                                             |                       |                                    |                            |
| Unit Letter:                                                                         | feet from the                                               | line and              | feet from the                      | line                       |
| Section                                                                              | Township                                                    | Range                 | NMPM Cou                           | nty                        |
|                                                                                      | 11. Elevation (Show whether                                 | DR, RKB, RT, GR, etc  | c.)                                |                            |
|                                                                                      |                                                             |                       |                                    |                            |
| NOTICE OF IN PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING        | ITENTION TO: PLUG AND ABANDON  CHANGE PLANS  MULTIPLE COMPL | REMEDIAL WO           | RILLING OPNS. P AN                 | RING CASING                |
| DOWNHOLE COMMINGLE                                                                   |                                                             |                       |                                    |                            |
| CLOSED-LOOP SYSTEM  OTHER:                                                           | П                                                           | OTHER:                |                                    | П                          |
| 13. Describe proposed or comp of starting any proposed we proposed completion or rec | ork). SEE RULE 19.15.7.14 NM                                |                       |                                    |                            |
| dditional conditions of                                                              |                                                             |                       |                                    |                            |
| oproval required                                                                     |                                                             |                       |                                    |                            |
|                                                                                      |                                                             |                       |                                    |                            |
|                                                                                      |                                                             |                       |                                    |                            |
|                                                                                      |                                                             |                       |                                    |                            |
|                                                                                      |                                                             |                       |                                    |                            |
|                                                                                      |                                                             |                       |                                    |                            |
| pud Date:                                                                            | Rig Release                                                 | e Date:               |                                    |                            |
|                                                                                      |                                                             |                       |                                    |                            |
| hereby certify that the information                                                  | above is true and complete to the                           | ne best of my knowled | ge and belief.                     |                            |
| IGNATURE Ressa Fisi                                                                  | herTITLE                                                    |                       | DATE_                              |                            |
| Type or print name                                                                   | E-mail add                                                  | dress:                | PHONE:                             |                            |
| For State Use Only                                                                   |                                                             | UIC Manage            | r                                  | 11/24/2021                 |
| APPROVED BY:Conditions of Approval (if any):                                         | TITLE                                                       |                       | DATE                               |                            |

# **Apache**

## **Liner Isolation Procedure**

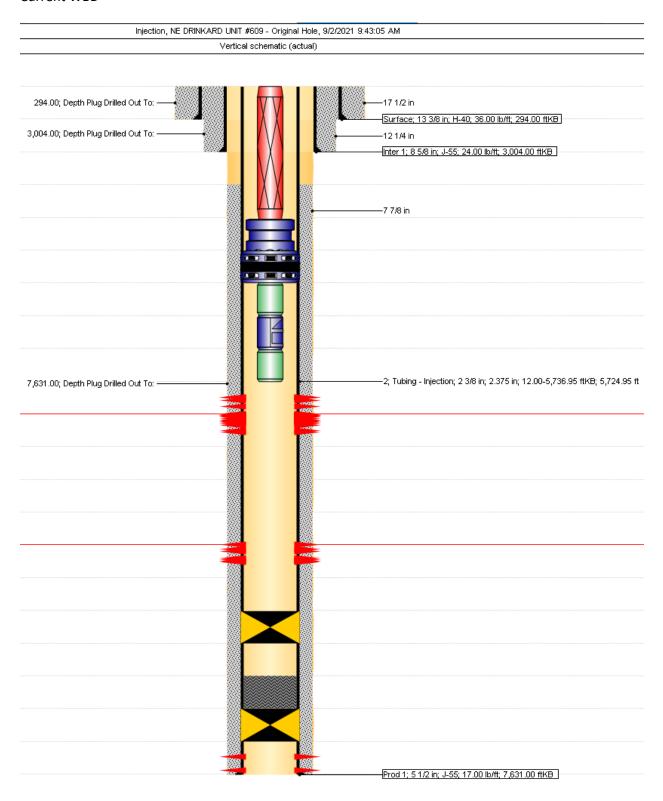
Date: September 2, 2021

**Subject:** NEDU 609W Liner Isolation

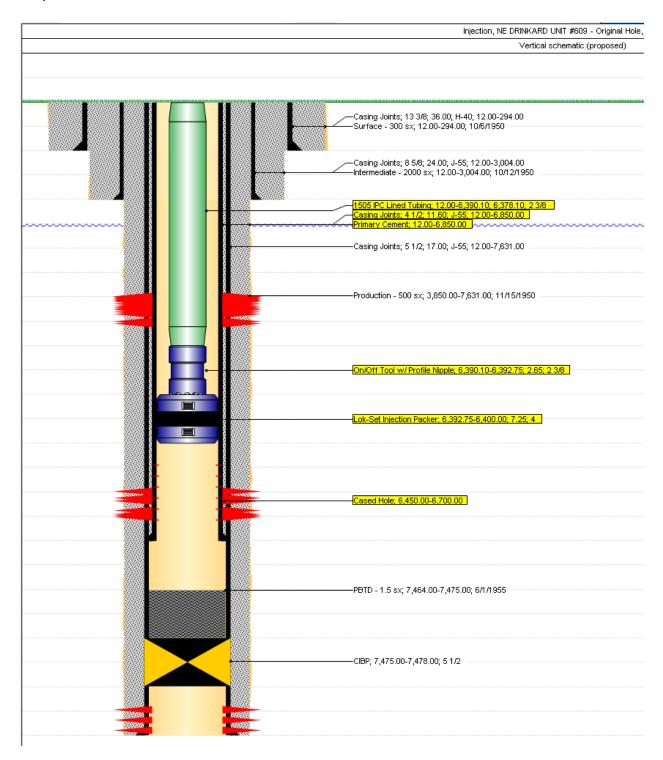
### **Procedure**

- 1. RU WSU, ND WH and NU BOP.
- 2. POOH with existing injection string and LD TBG and PKR.
- 3. RU air-foam unit and MU bit and RIH to cleanout to PBTD (7,464'), POOH.
- 4. MU bit and scraper and clean casing out to PBTD, stand back workstring and prep for casing run.
- 5. RU casing crew and RIH with 4.5" flush joint liner and land casing at 6,850'.
- 6. RU cementers and pump primary liner cement job. RD cementers and WOC.
- 7. RIH w/bit and drill out cement to casing shoe, POOH WS.
- 8. RU WL and perforate 4.5" liner from 6,450'-6,700'.
- RIH w/WS and treatment packer and acidize perforations w/10,000 gals HCL and ball sealers.
   POOH LD WS.
- 10. RIH w/new 1505 IPC 2-3/8" J-55 TBG and injection packer and set at 6,400'.
- 11. RDMO WSU and turn well to injection.

#### **Current WBD**



## Proposed



District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720 District II

811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division** 1220 S. St Francis Dr. **Santa Fe, NM 87505** 

CONDITIONS

Action 47391

#### **CONDITIONS**

| Operator:               | OGRID:                        |  |  |  |
|-------------------------|-------------------------------|--|--|--|
| APACHE CORPORATION      | 873                           |  |  |  |
| 303 Veterans Airpark Ln | Action Number:                |  |  |  |
| Midland, TX 79705       | 47391                         |  |  |  |
|                         | Action Type:                  |  |  |  |
|                         | [C-103] NOI Workover (C-103G) |  |  |  |

#### CONDITIONS

| Created | Condition                                                                                                                                                                                                                                                                                                             | Condition  |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Ву      |                                                                                                                                                                                                                                                                                                                       | Date       |
| pgoetze | 1. Cemented liner is to be pressure tested per 19.15.16.10 NMAC prior to perforation. 2. Mechanical integrity test with tubing and packer in place to be conducted and accepted by OCD prior to commencing injection. OCD Inspection Supervisor to be notified 48 hours prior to MIT to allow for witnessing of test. | 11/24/2021 |