

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTCarlsbad Field Office
OCD ArtesiaFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an
abandoned well. Use form 3160-3 (APD) for such proposals.5. Lease Serial No.
NMNM2512

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

HOBBS OCD

7. If Unit or CA/Agreement, Name and/or No.
73888U31608. Well Name and No.
NEDU 1129. API Well No.
30-025-06509-00-S110. Field and Pool or Exploratory Area
EUNICE11. County or Parish, State
LEA COUNTY, NM

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
APACHE CORPORATIONContact: REESA FISHER
E-Mail: Reesa.Fisher@apachecorp.com3a. Address
303 VETERANS AIRPARK LANE SUITE 3000
MIDLAND, TX 797053b. Phone No. (include area code)
Ph: 432-818-1062

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 3 T21S R37E Lot 1 660FNL 660FEL

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Apache performed the following and re-tested the well for annual OCD testing (first test failed):

05/31/2018 MIRUSU NU BOP
06/01/2018 PU WS RIH w/bit & scraper MIRU hydrotesters
06/04/2018 Tested tbg. RIH w/csg scraper to 5652'. Tested RBP; no loss.
Tested csg; lost 10#
06/05/2018 Repaired leaking, bad bull plug.
06/06/2018 Tag fill @ 5732'. Broke circ. CO scale to 5988'; circ clean.
06/07/2018 TIH w/re-built 5-1/2" inj pkr. RIH w/2-3/8" TK-99 tbg.
06/08/2018 Circ pkr fluid. Pumped 420 gal 15% acid down tbg, flush w/KCL.
06/11/2018 Ran OCD witnessed MIT re-test. No loss. RTI
(Chart & Bradenhead Test Report attached.)

NM OIL CONSERVATION
ARTESIA DISTRICT
JUN 27 2018
176
RECEIVED

14. I hereby certify that the foregoing is true and correct. Electronic Submission #423893 verified by the BLM Well Information System For APACHE CORPORATION, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 06/15/2018 (18PP1252SE)	
Name (Printed/Typed) REESA FISHER	Title SR STAFF REGULATORY ANALYST
Signature (Electronic Submission)	Date 06/13/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

ACCEPTED FOR RECORD

Approved By /s/ Jonathon Shepard

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

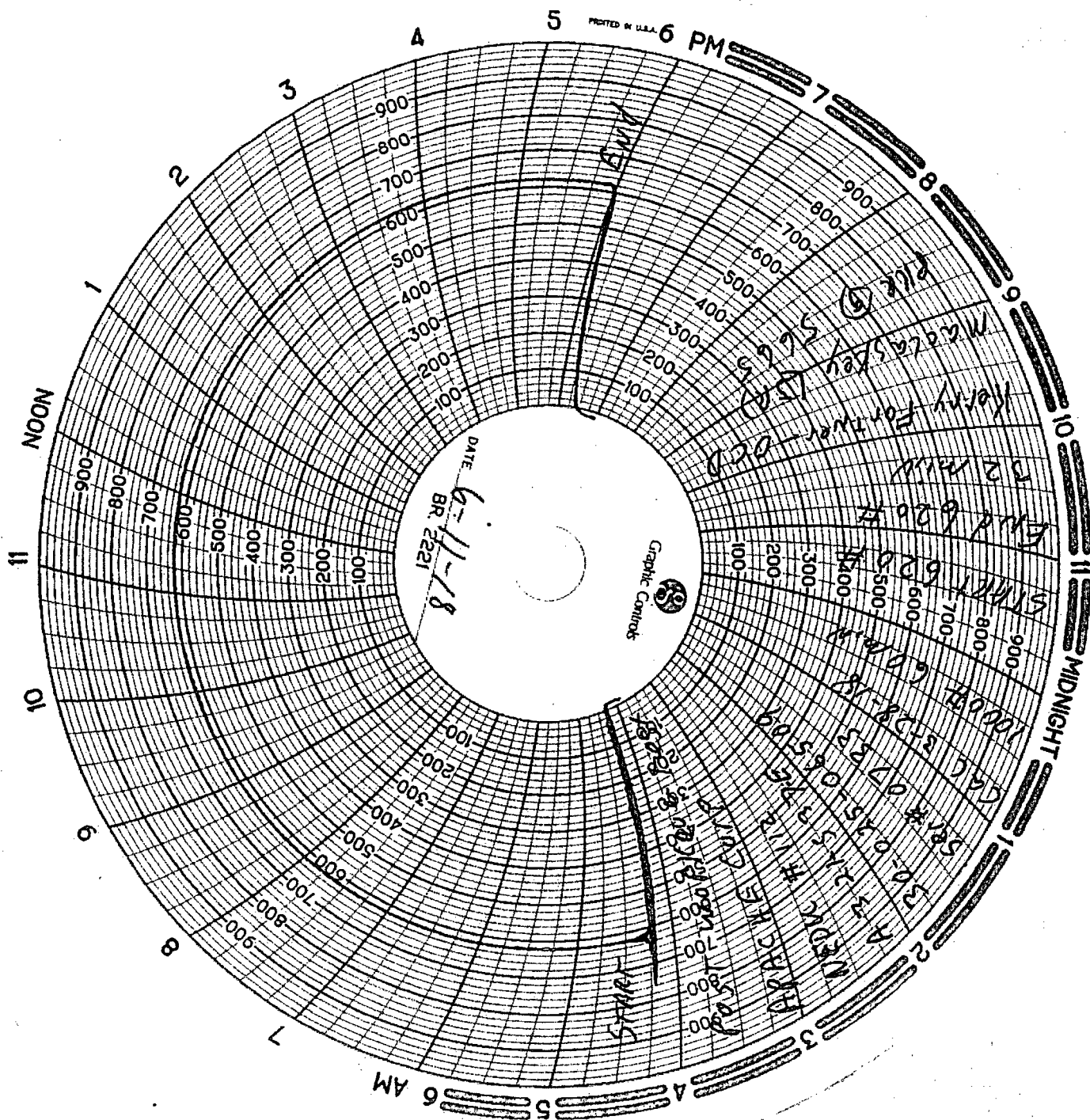
JUN 21 2018

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

(Instructions on page 2)

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **



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 30-025-06509
Property Name NEDU	Well No. 112

Surface Location

UL - Lot A	Section 3	Township 21-S	Range 37-E	Feet from 660	N/S Line N	Feet from 660	E/W Line E	County LeA
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Well Status

TA'D WELL YES <input checked="" type="radio"/> NO <input type="radio"/>	SHUT-IN YES <input checked="" type="radio"/> NO <input type="radio"/>	INJECTOR <input checked="" type="radio"/>	SWD <input type="radio"/>	OIL PRODUCER <input type="radio"/>	GAS <input type="radio"/>	DATE 6-11-18
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OBSERVED DATA

	(A) Surface	(B) Interm (1)	(C) Interm (2)	(D) Prod Casing	(E) Tubing
Pressure	0	0	---	0	0
Flow Characteristics					NR
Pull	Y/N	Y/N	Y/N	Y/N	CO2 ---
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR ---
Surges	Y/N	Y/N	Y/N	Y/N	GAS ---
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.

Post Workover Test
MacLuskey ser #0733
Cal = 3-28-18

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 6-11-18	Phone:
Witness: Kerry Fortner - 399-3221	

INSTRUCTIONS ON BACK OF THIS FORM