

Submit 1 Copy To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Kilo Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

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. 30-025-05764
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
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-104) FOR PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Injection well <input checked="" type="checkbox"/>
2. Name of Operator Apache Corp.
3. Address of Operator P O box Drawer D Monument NM 88265
4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>E</u> line Section <u>31</u> Township <u>19S</u> Range <u>37E</u> 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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: TA Test <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

1. Notify OCD 24 hrs prior to start work.
2. Set RBP at 480'. Load casing w/ packer fluid.
3. Pressure up csg to 580 psi for 35 mins ending pressure 560 psi.
4. Record test on chart w/ Maclaskey truck and recorder tested 1/20/20.
5. Request TA status for well.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 4/29/25
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: 27

Spud Date:

Ri

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

SIGNATURE Robert Skinner TITLE Sr. Pumper DATE 4/29/2020

Type or print name Robert Skinner E-mail address: robert.skinner@apacheccorp.com PHONE: 575-390-9253
For State Use Only

APPROVED BY: Kerry Int TITLE CO A DATE 5-1-20
Conditions of Approval (if any):

Printed: 1
1635 N French Dr., Hobbs, NM 88240
Phone: (575) 392-6161 Fax: (575) 392-0720

HOBBS OCD

MAY 01 2020

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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. 1516

Surface Location

UL - Lot P	Section 31	Township 19S	Range 37E	Feet from 660	NS Line 5	Feet from 660	E/W Line E	County LEA
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Well Status

<input checked="" type="checkbox"/> YES TA'D WELL	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES SHUT-IN	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> INJ INJECTOR	<input type="checkbox"/> SWD	<input type="checkbox"/> OIL PRODUCER	<input type="checkbox"/> GAS	DATE 4/29/20
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Cong	(E) Tubing
Pressure	Ø	Ø	NH	Ø	N/A
Flow Characteristics					
Puff	Y/(N)	Y/(N)	Y/N	Y/(N)	CO2 WTR GAS Type of fluid injected for waterflood & apples
Steady Flow	Y/(N)	Y/(N)	Y/N	Y/(N)	
Surges	Y/(N)	Y/(N)	Y/N	Y/(N)	
Down to nothing	Ø/(N)	Ø/(N)	Y/N	Ø/(N)	
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.

Signature Robert Skinner	OIL CONSERVATION DIVISION
Printed name: Robert Skinner	Entered into RBDMS
Title sr. Pumper	Re-test
E-mail Address: Robert.Skinner@apachecorp.com	
Date: 4-29-20	
Phone: (575) 390-9253	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

HOBBS

MAY 01 2020

RECEIVED

