

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

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

HOBBS OGD

SEP 01 2020

WELL API NO. 30-025-06341
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No. B-11613
7. Lease Name or Unit Agreement Name Northeast Drinkard Unit (NEDU) / 22503
8. Well Number 215
9. OGRID Number 873
10. Pool name or Wildcat Eunice; B-T-D, North (22900)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3491' GL

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well [ ] Gas Well [ ] Other Injection Well

2. Name of Operator Apache Corporation

3. Address of Operator 303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705

4. Well Location Unit Letter M / 13 : 3175 feet from the South line and 660 feet from the West line
Section 2 Township 21S Range 37E NMPM County Lea

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 [ ]
CLOSED-LOOP SYSTEM [ ]
OTHER: [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [ ]
CASING/CEMENT JOB [ ]
OTHER: ANNUAL MIT PRESSURE TEST [X]

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.

Spud Date: 2/16/1951

Rig Release Date: 4/12/1951

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 8/27/2020

Type or print name Reesa Fisher E-mail address: Reesa.Fisher@apachecorp.com PHONE: (432) 818-1062

For State Use Only

APPROVED BY: Henry Jate TITLE CO A DATE 9-3-20

Conditions of Approval (if any):



District 1  
 1625 N. French Dr., Hobbs, NM 88240  
 Phone: (575) 393-6161 Fax: (575) 393-4720

MiT

**HOBBS OCD**

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

SEP 01 2020

**BRADENHEAD TEST REPORT**

**RECEIVED**

Operator Name <b>Apache Oil Corp.</b>		API Number <b>30-025-06341</b>
Property Name <b>North East Drinkard Unit (NEDU)</b>		Well No. <b>215</b>

**Surface Location**

UT. - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>M</b>	<b>2</b>	<b>21S</b>	<b>37E</b>	<b>3175</b>	<b>S</b>	<b>660</b>	<b>W</b>	<b>Lea</b>

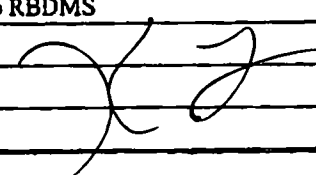
**Well Status**

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/> INJ <input type="radio"/> SWD	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <b>6-4-20</b>
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**OBSERVED DATA**

	(A) Surface	(B) Inter(1)	(C) Inter(2)	(D) Prod Casing	(E) Tubing
Pressure	Ø	—	—	Ø	1225
<b>Flow Characteristics</b>					CO2 — WTR ✓ GAS — Type of Fluid Injected for Water Based if applies.
Pull	Y/N <input checked="" type="radio"/>	Y/N	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	
Steady Flow	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N <input checked="" type="radio"/>	
Surges	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N <input checked="" type="radio"/>	
Down to nothing	Y/N	Y/N	Y/N	Y/N <input checked="" type="radio"/>	
Gas or Oil	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N <input checked="" type="radio"/>	
Water	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N <input checked="" type="radio"/>	

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

Signature: <b>Tracy Cole</b>	OIL CONSERVATION DIVISION
Printed name: <b>Tracy Cole</b>	Entered into RBDMS
Title:	Re-Inst 
E-mail Address:	
Date:	Phone: <b>575-441-5196</b>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM