

Submit a Copy To Appropriate District  
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

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

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

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.)		WELL API NO.
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator		6. State Oil & Gas Lease No.
3. Address of Operator		7. Lease Name or Unit Agreement Name
4. Well Location Unit Letter _____: _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM _____ County _____		8. Well Number
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number
		10. Pool name or Wildcat

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 9/1/2025  
Well needs to be **PLUGGED OR RETURNED**  
to **PRODUCTION**  
BY THE DATE STATED ABOVE: 8/7

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 Reesa Fisher TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ PHONE: \_\_\_\_\_

**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 9/9/21  
Conditions of Approval (if any):

T/A

Apache Corp  
NMGSAU 340

API 30-025-37934

O-S20-T195-R37E

1655 2500E

Cal 4-26-2021

Ser# 202A-39965

1000#

1 rev = 60 min

Start 595

End 585

32 min

Mike Isull

Pumptruck Mzz

McNabb Services

Apache Corp

Start 595

End 585

Graphic Controls LLC

CHART NO. MC MP-1000

METER

TAKEN OFF

CHART PUT ON

LOCATION

REMARKS

8-27-2021

District I  
1615 N. French Dr., Hobbs, NM 88340  
Phone: (575) 293-5151 Fax: (575) 293-0720

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

## BRADENHEAD TEST REPORT

Operator Name <b>Apache Corp</b>	API Number <b>30-025-37934</b>
Property Name <b>NMGSAU</b>	Well No. <b>340</b>


1. Surface Location								
UL - Lot <b>0</b>	Section <b>20</b>	Township <b>19S</b>	Range <b>37E</b>	Feet from <b>165</b>	NS Line <b>S</b>	Feet from <b>2500</b>	E/W Line <b>E</b>	County <b>Lea</b>

Well Status							DATE
TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SWD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OIL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PRODUCER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GAS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>8-27-21</b>

## OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Cng	(E) Tubing
Pressure	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>
Flow Characteristics					
Puff	<b>Y / <input checked="" type="checkbox"/> N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / <input checked="" type="checkbox"/> N</b>	CO2 _____ WTR _____ GAS _____ Type of fluid referred for Waterhead & applies
Steady Flow	<b>Y / <input checked="" type="checkbox"/> N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / <input checked="" type="checkbox"/> N</b>	
Surges	<b>Y / <input checked="" type="checkbox"/> N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / <input checked="" type="checkbox"/> N</b>	
Down to nothing	<b><input checked="" type="checkbox"/> Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b><input checked="" type="checkbox"/> Y / N</b>	
Gas or Oil	<b>Y / <input checked="" type="checkbox"/> N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / <input checked="" type="checkbox"/> N</b>	
Water	<b>Y / <input checked="" type="checkbox"/> N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / <input checked="" type="checkbox"/> N</b>	

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

Signature 	OIL CONSERVATION DIVISION
Printed name: <b>Craig Coombes</b>	Entered into RBDMS
Title <b>IT/III</b>	Re-test
E-mail Address: <b>Craig.Coombes@apachecorp.com</b>	<b>K F</b>
Date: <b>8-27-21</b>	
Phone: <b>575-513-5636</b>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
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State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS  
  
Action 45302

CONDITIONS

Operator: APACHE CORPORATION 303 Veterans Airpark Ln Midland, TX 79705	OGRID: 873
	Action Number: 45302
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
kfortner	None	9/9/2021