

Santa Fe Main Office
Phone: (505) 476-3441
General Information
Phone: (505) 629-6116

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

Online Phone Directory Visit:
<https://www.emnrd.nm.gov/ocd/contact-us/>

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 |
| | | 9. OGRID Number |
| | | 10. Pool name or Wildcat |
| 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: | | 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.

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 _____ TITLE _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

D0000000

South District-Artesia

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

BRADENHEAD TEST REPORT

| | |
|--|-----------------------------------|
| Operator Name APACHE CORPORATION | API Number 30-025-43780 |
| Property Name WEST BLUEBAY DRINKARD UNIT | Well No. #183 |

1. Surface Location

| | | | | | | | | |
|----------|-----------|------------|------------|------------|----------|-------------|----------|------------|
| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
| N | 08 | 21S | 37E | 730 | S | 2215 | N | LEA |

Well Status

| | | | | |
|---|---|---|--|------------------|
| TA'D WELL | SHUT-IN | INJECTOR | PRODUCER | DATE |
| YES <input type="radio"/> NO <input checked="" type="radio"/> | YES <input checked="" type="radio"/> NO <input type="radio"/> | YES <input checked="" type="radio"/> NO <input type="radio"/> | YES <input type="radio"/> NO <input type="radio"/> | 1/21/2026 |

OBSERVED DATA

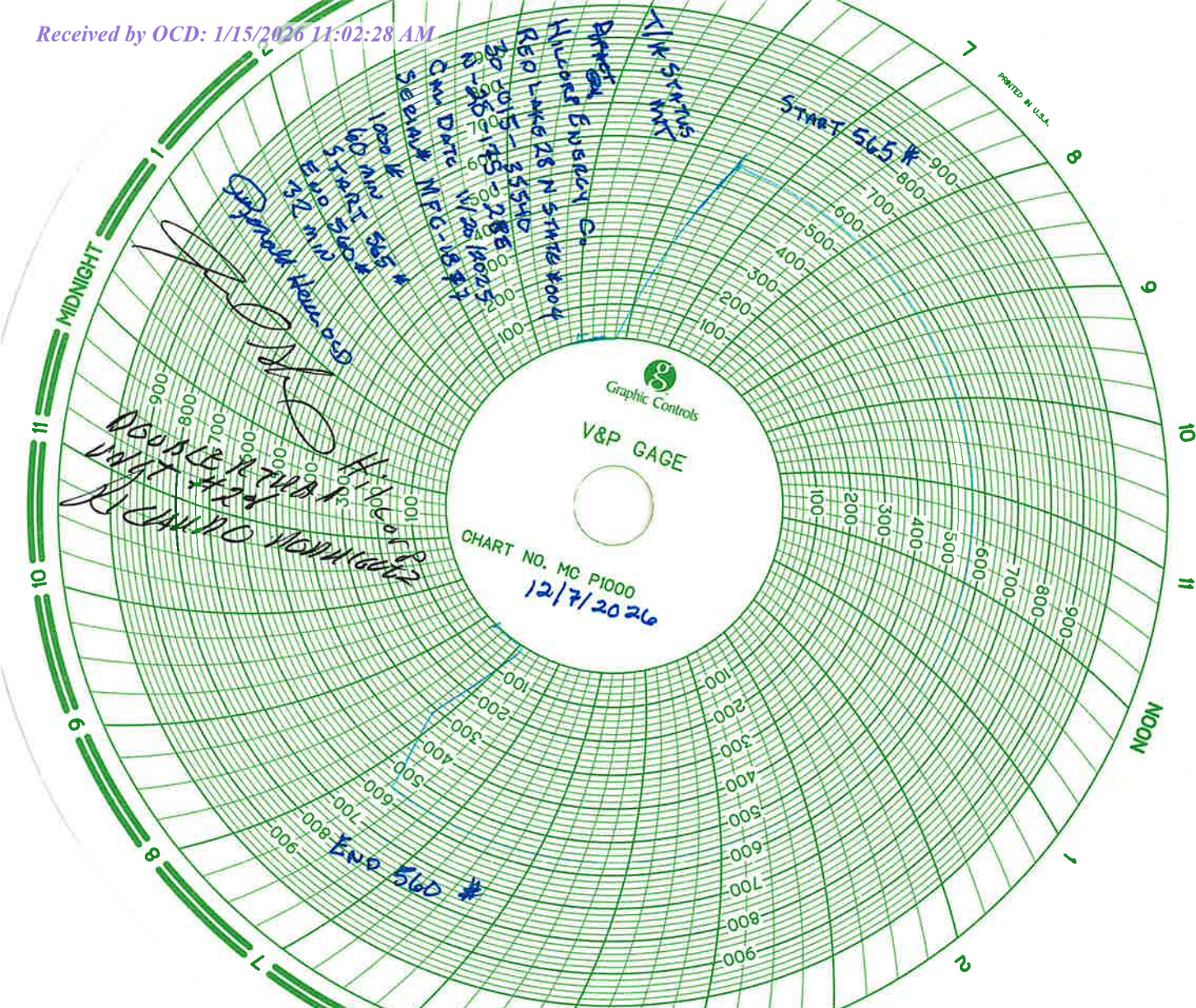
| | (A) Surface | (B) Interm(1) | (C) Interm(2) | (D) Prod Casing | (E) Tubing |
|----------------------|--------------|---------------|---------------|-----------------|---|
| Pressure | 0 | | | 6 | 0 |
| Flow Characteristics | | | | | |
| Puff | Y / N | Y / N | Y / N | Y / N | CO2 |
| Steady Flow | Y / N | Y / N | Y / N | Y / N | WTR <input checked="" type="checkbox"/> |
| Surges | Y / N | Y / N | Y / N | Y / N | GAS <input type="checkbox"/> |
| Down to nothing | Y / N | Y / N | Y / N | Y / N | Type of Fluid |
| Gas or Oil | Y / N | Y / N | Y / N | Y / N | Injected for |
| Water | Y / N | Y / N | Y / N | Y / N | Waterflood if applies |

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

BLT - OK
POST WORK OVER MIT - OK.
TOP Perf: 6678' Packer: 6633'
CAL DATE: 12/31/2025 SN # 9536

| | |
|--------------------------|---------------------------|
| Signature: | OIL CONSERVATION DIVISION |
| Printed name: | Entered into RBDMS |
| Title: | Re-test |
| E-mail Address: | |
| Date: | |
| Phone: | |
| Witness: OC. NMOG | |

ROBERT ASHER
 INSTRUCTIONS ON BACK OF THIS FORM



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

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

BRADENHEAD TEST REPORT

| | |
|---|-----------------------------------|
| Operator Name <i>Hilcorp Energy</i> | API Number <i>30-015-35540</i> |
| Property Name <i>Red Lake 28 N State</i> | Well No. <i>4</i> |

1. Surface Location

| | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|-------------------------|------------------------|--------------------------|------------------------|-----------------------|
| UL - Lot <i>N</i> | Section <i>28</i> | Township <i>17S</i> | Range <i>28E</i> | Feet from <i>990</i> | N/S Line <i>FSL</i> | Feet From <i>2310</i> | E/W Line <i>FNL</i> | County <i>Eddy</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|------------------------|--------------------------|------------------------|-----------------------|

Well Status

| | | | | | | | | |
|--|----|--|----|---|-----|---|-----|-------------------------|
| TA'D WELL <input checked="" type="checkbox"/> YES | NO | SHUT-IN <input checked="" type="checkbox"/> YES | NO | INJECTOR <input checked="" type="checkbox"/> INJ | SWD | PRODUCER <input checked="" type="checkbox"/> OIL | GAS | DATE <i>1/7/2026</i> |
|--|----|--|----|---|-----|---|-----|-------------------------|

OBSERVED DATA

| | (A) Surface | (B) Interm(1) | (C) Interm(2) | (D) Prod Casing | (E) Tubing |
|----------------------|--------------------|---------------|---------------|-----------------|------------------------------|
| Pressure | <i>Cemented In</i> | | | <i>0</i> | <i>0</i> |
| Flow Characteristics | | | | | |
| Puff | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | CO2 <input type="checkbox"/> |
| Steady Flow | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | WTR <input type="checkbox"/> |
| Surges | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | GAS <input type="checkbox"/> |
| Down to nothing | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | Type of Fluid |
| Gas or Oil | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | Injected for |
| Water | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | Waterflood if |
| | | | | | applies |

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

T/A STATUS BHT RETEST - OK

SERIAL # MFG-1877 CAL. DATE 11/20/2025 DOUBLE R

| | |
|--|------------------------------|
| Signature: <i>[Signature]</i> | OIL CONSERVATION DIVISION |
| Printed name: <i>Jerad Gladden</i> | Entered into RBDMS |
| Title: <i>Lead</i> | Re-test |
| E-mail Address: <i>Jerad.Gladden@hilcorp.com</i> | |
| Date: <i>1/7/2024</i> | Phone: <i>(575) 390-3913</i> |
| Witness: <i>Donald Hene OCD</i> | |

INSTRUCTIONS ON BACK OF THIS FORM

Sante Fe Main Office
Phone: (505) 476-3441

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Phone: (505) 629-6116

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Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 543577

CONDITIONS

| | |
|--|---|
| Operator: HILCORP ENERGY COMPANY 1111 Travis Street Houston, TX 77002 | OGRID: 372171 |
| | Action Number: 543577 |
| | Action Type: [C-103] Sub. Temporary Abandonment (C-103U) |

CONDITIONS

| | | |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| gcordero | None | 1/22/2026 |