E SUNDRY Do not use th abandoned we SUBMIT IN 1. Type of Well Oil Well Gas Well OO 2. Name of Operator APACHE CORPORATION 3a. Address 303 VETERANS AIRPARK L MIDLAND, TX 79705	Contact: E-Mail: Alicia.fulto	onter aperative possible contraction of the second se		FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No. NMNM0467932 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No. 8. Well Name and No. EL FEDERAL 8 9. API Well No. 30-015-30262 10. Field and Pool or Exploratory Area LOCO HILLS QU-GB-SA		
4. Location of Well <i>(Footage, Sec.,</i> Sec 21 T17S R30E 380FSL			TE NATURE O	FNOTICF	11. County or Parish, EDDY COUNT REPORT, OR OTH	/, NM
TYPE OF SUBMISSION				ACTION		
If the proposal is to deepen direction Attach the Bond under which the w following completion of the involve	 Hydraulic Fracturing Recland New Construction Recommodility Plug and Abandon Tempor Plug Back Water ent details, including estimated starting date of any r, give subsurface locations and measured and true v e the Bond No. on file with BLM/BIA. Required starting after all requirements, including reclamation of the properties			proposed work and approximate duration thereof. vertical depths of all pertinent markers and zones. ubsequent reports must be filed within 30 days a new interval, a Form 3160-4 must be filed once		
14. I hereby certify that the foregoing Name (Printed/Typed) ALICIA	Electronic Submission	#454366 verifie HE CORPORAT	ON, sent to the	Carlsbad	n System (ANALYST	<u></u>
Name (Printed/Typed) ALICIA	Electronic Submission For APAC	#454366 verifie HE CORPORAT	ON, sent to the	GULATOR		<u></u> , <u></u> , <u></u>

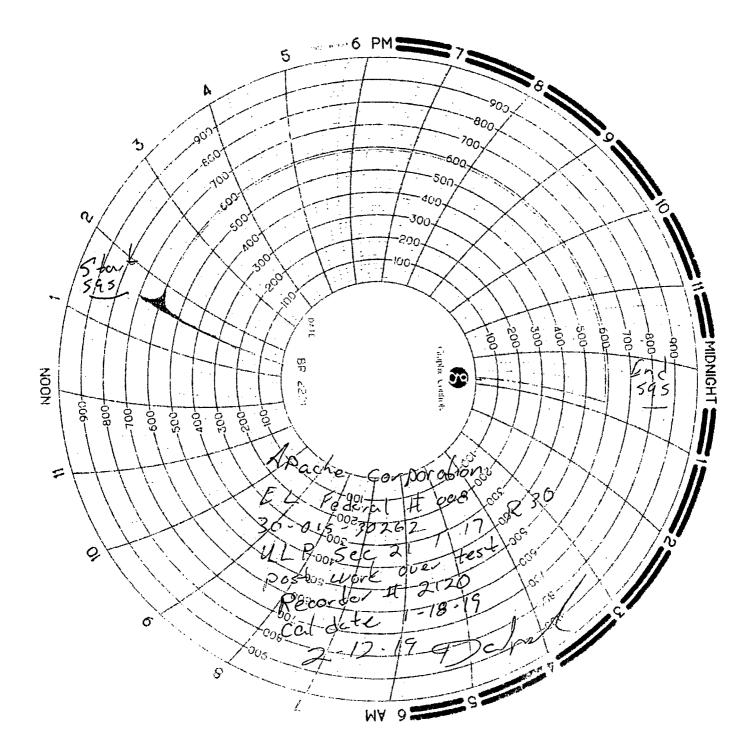
T.

(Instructions on page 2) ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

F	HUDSON PACKER COMPANY Proposed Installation					Company I Tool Speci Well Nan County, St 12-Fé	alist ne	ANTHONY BREWER Billy Pierce EL FED 8 EDDY,NM	APACHE C	ORP
Installation Depth Length			Jts.				OD	ID		
	Install		4,625.82	<u>Length</u> 12.00		KB		IPC J55 TUBING	2.875	2.441
			4,626.24	0.42		2 7/8" X 2 X-OVER	3/8"	PLASTIC COATED	2 11/16	2.000
			4,629.09	2.85		5 1/2 X 2 BAKER		PLASTIC COATED PACKER	4 5/8	2.000
						PERFS	RFS 4710-5128 PBTD 5270'			
						CIRC 85	BBL 10#	PACKER FLUID		
						AD1 IN	28,000#			

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State of New Mexico Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham Governor

Sarah Cottrell Propst Cabinet Secretary Designate

Todd E. Leahy, JD, PhD Deputy Secretary Gabriel Wade, Acting Director Oil Conservation Division



Date: 2 · 12 · 1 API# 30-015-3026

A Mechanical Integrity Test (M.I.T.) was performed on, Well <u>F</u>L Federa 12 008

M.I.T. **Is successful**, the original chart has been retained by the Operator on site. Send a **legible** scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, www.emnrd.state.nm.us/ocd/OCDOnline.htm 7 to 10 days after postdating.

______M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made, Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect. No expectation of extension should be construed because of this test.

_____ M.I.T. for Temporary Abandonment, shall include a detailed description on Form C-103, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

_____ M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). Only after receipt of the C-103 will the noncompliance be closed.

_____M.I.T.**is successful**, Initial of an injection well, you must submit a **form C-103** to NMOCD within 30 days. A **C-103 form** must include a detailed description of the work performed on this well Including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact **Rusty Klein** at **575-748-1283 x109** for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.

Thank You, Dat Dan Smolik, Compliance Officer EMNRD-O.C.D. District II – Artesia, NM

MAILING ADDRESS

1220 South St. Francis Drive • Santa Fe, New Mexico 87505 Phone (505) 476-3460 • Fax (505) 476-3462 • www.emnrd.state.nm.us/ocd