

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 Rio 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

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

Received NMOCD 10/29/20

Form C-103

October 13, 2009

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-38317
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Apache Corp.		6. State Oil & Gas Lease No.
3. Address of Operator P O box Drawer D Monument NM 88265		7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 10
4. Well Location Unit Letter <u>I</u> : <u>2630</u> feet from the <u>S</u> line and <u>130</u> feet from the <u>E</u> line Section <u>30</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County		8. Well Number 363
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 873
		10. Pool name or Wildcat Eunice Monument G/SA

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: TA Retest ☒

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.

MIRU Sunset Hot Oiler.

Perform Bradenhead test.

Pressure up on casing to 565# for 32 minutes ending pressure 560#. Record test on chart.

Release pressure. Request TA extension.

Spud Date:

Rig Release Date:

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 10/29/21  
Well needs to be **PLUGGED OR RETURNED**  
to **PRODUCTION**  
BY THE DATE STATED ABOVE **K 7**

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

SIGNATURE Joel Sisk TITLE Foreman DATE 10/29/2020

Type or print name Joel Sisk E-mail address: joel.sisk@apacheccorp.com PHONE: 575-441-0793

**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 11/2/20

Conditions of Approval (if any):

District 1  
1625 N. French Dr., Hobbs, NM 88340  
Phone: (575) 393-6191 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 <b>Apache Corp.</b>	API Number <b>30-025-38317</b>
Property Name <b>NM GSAH</b>	Well No. <b>363</b>

**1. Surface Location**

UL - Lot <b>I</b>	Section <b>30</b>	Township <b>19S</b>	Range <b>37E</b>	Feet from <b>2630</b>	NS Line <b>S</b>	Feet from <b>130</b>	EAV Line <b>E</b>	County <b>LC9</b>
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**Well Status**

TA'D WELL <input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES <input type="radio"/> NO	INJ <input type="radio"/>	INJECTOR <input type="radio"/>	SWD <input type="radio"/>	PRODUCER <input checked="" type="radio"/> OIL <input type="radio"/> GAS	DATE <b>10-29-20</b>
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**OBSERVED DATA**

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<b>20#</b>			<b>40#</b>	
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	CO2 _____ WTR _____ GAS _____ Type of fluid injected for Waterflood if applies
Steady Flow	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Surges	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Down to nothing	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Gas or Oil	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Water	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	

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

Signature <i>Joel Sisk</i>	OIL CONSERVATION DIVISION
Printed name. <b>Joel Sisk</b>	Entered into RBDMS
Title <b>Foreman</b>	Re-test
E-mail Address: <b>joel.sisk@apachecorp.com</b>	
Date: <b>10-29-20</b>	Phone: <b>575-441-0793</b>
Witness.	

**K 7**

INSTRUCTIONS ON BACK OF THIS FORM





APACHE Corp  
NMGSAN #363  
I-30-195-31E

Start 565H  
End 565H  
32 minutes  
American  
Calib. 915-20  
Sunset Truck  
Good Luck

DATE 10-29-20  
BR 2222

32 minutes

K F