

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

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. 30-025-41725
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. 5
4. Well Location Unit Letter _____ M _____ : 1180 _____ feet from the _____ S _____ line and _____ 205 _____ feet from the _____ W _____ line Section 19 Township 19S Range 37E NMPM Lea County		8. Well Number 399
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

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

MIRU Sunset Hot Oiler.

Perform Bradenhead test.

Pressure up on casing to 560# for 32 minutes ending pressure 555#. Record test on chart.

Release pressure. Request TA extension.

**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 F*

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 *Joel Sisk* TITLE Foreman DATE 10/29/2020

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

**For State Use Only**

APPROVED BY: *Kerry Fortner* TITLE Compliance Officer A DATE 10/30/20  
 Conditions of Approval (if any):

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>30-025-41725</b>
Property Name <b>NM GSAU</b>	Well No. <b>399</b>

Surface Location									
UL - Lot <b>M</b>	Section <b>19</b>	Township <b>19S</b>	Range <b>37E</b>		Feet from <b>1186</b>	NS Line <b>5</b>	Feet from <b>205</b>	E/W Line <b>W</b>	County <b>Lea</b>

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

**OBSERVED DATA**

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

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

Signature <b>Joel Sisk</b>	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>	<b>K 7</b>
	Witness:	

INSTRUCTIONS ON BACK OF THIS FORM



Apache Corp.  
NM61544 #399  
30-025-41725  
M-19-195-39E  
Start 560#  
End 555#  
32 Minutes  
American Valvermet  
Calib 9-1520  
Sunset Truck  
Fuel Slop

10-29-20  
BR 2222

32 Minutes

End  
555#

K 7

Start  
560#

