

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

WELL API NO. 30-025-04155
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-1375-18
7. Lease Name or Unit Agreement Name North Monument G/SA Unit Bk. 18
8. Well Number 3
9. OGRID Number 873
10. Pool name or Wildcat Eunice Monument G/SA

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.)

1. Type of Well: Oil Well Gas Well Injection well

2. Name of Operator
Apache Corp.

3. Address of Operator
P O box Drawer D Monument NM 88265

4. Well Location
Unit Letter C : 660 feet from the N line and 1980 feet from the W line
Section 2 Township 20S Range 36E NMPM Lea County

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:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL

SUBSEQUENT REPORT OF:

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

OTHER:

OTHER: MIT Pressure test

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.

Moved in a pump truck to pressure test the casing. Tbg. pressure was 740 psi the prod csg was 90 psi bled to 0 psi, Int. had a puff & the surface was 0 psi. We pressured the casing to 340 psi & ran a chart for 30 minutes with a 20 lb loss to 320 psi.

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 [Signature] TITLE Instrument Tech DATE 8/17/16

Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734

For State Use Only

APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 8/22/2016
Conditions of Approval (if any):

MIDNIGHT

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

8/17/2016

BR 2221

HOPKINS

AUG 22 2016

RECEIVED

#07333

MACLASKEY

1000#/60min

CALDS 4/19/2016

Apache
NORTH MONUMENT
G/SA UNIT #3
C-2-205-366
30-025-04155

SVR MIT
START 340#
FINAL 320#
TIME 30 min
Mafey
Brown
OCD

Tba-740#
PROD-40#
DOWN TO 0#
INT. - Puff
SURF - 0

320#

340#

6 P.M.

6 A.M.

NOON