18. Total Measured Depth of Well 19. Plug Back Measured Depth 6694' 20. Was Directional Survey Made? 21. Type Electric and Other Logs Run 6694'	Submit To Appropriate Two Copies District I		HOI	BB\$	Q.C.	Dy, 1	State of Ne Minerals an	ew M	lexicontural 1	o Resources					7_		rm C-105 July 17, 2008
1000 Set Presented R. Andre, NM 8740 1220 South St. Francis Dr. STATE FEE FEDINDLAN	District II			10 1 5	2016	0:	1 Campanyo	tion	Divis	rian.		Control Control Control Control		O.			
Dimitary Present P	District III		-	F 10	2010							21					1 - 12 1 -
## Resson for filing CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CALL CLOSINE ATTACHNENT (Fill in boxes #1 through #31 for State and Toe veils only) CASING RECORD (Report all strings Set in well) CAS				CEL	VET							STA'	TE				
4. Reason for filling COMPLETION REPORT (Fill in boxes #1 through #31 for State ald Fee wells only) 7. Lesse Name or Unit Agreement Name West Bilmore Drinkard Unit (WBDU) / 37346 #3.2 amount his and the plat to the C-144 closure report in accordance with 19 15 17 13 x NMAC #3.2 amount his and the plat to the C-144 closure report in accordance with 19 15 17 13 x NMAC #3.2 amount his and the plat to the C-144 closure report in accordance with 19 15 17 13 x NMAC #3.2 amount his and the plat to the C-144 closure report in accordance with 19 15 17 13 x NMAC #3.2 amount his and the plat to the C-144 closure report in accordance with 19 15 17 13 x NMAC #3.2 amount his and the plat to the C-144 closure report in accordance with 19 15 17 13 x NMAC #3.2 amount his and the plat to the C-144 closure report in accordance with 19 15 17 13 x NMAC #3.2 amount his and the plat to the C-144 closure report in accordance with 19 15 17 13 x NMAC #3.2 amount his and the plat to the C-144 closure report in accordance with 19 15 17 13 x NMAC #3.2 amount his and the plat to the C-144 closure report in accordance with 19 15 17 13 x NMAC #3.2 amount his and the plat to the C-144 closure report in accordance with 19 15 17 13 x NMAC #3.2 amount his and the plat to the C-144 closure report in accordance with 19 15 17 13 x NMAC #3.2 amount his and the plat to the C-144 closure report in accordance with 19 15 17 17 17 17 17 17 17 17 17 17 17 17 17	1220 S. St. Francis	Dr., Santa	Fe, NM 77	TC FI	VEL	, , , ,						3. State Oil &	e Gas L	ease No.	BO-008	35-00	16
© COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.144 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.145 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.145 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.145 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.145 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.145 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.145 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.145 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.145 CLOSIDER ATTACHNENT (Fill in boxes #1 through #31 for State and Fee vells only) □ C.14			LETIO	N OR F	RECO	MPL	ETION RE	POF	RIAN	ND LOG			*				
#33 attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K.MAC) 7. Type of Completion: WORKOVER DEFENING PLICIBACK DIFFERNT RESERVOIR CONVERT TO INJECTION 8. Name of Operator New WILL WORKOVER DEFENING PLICIBACK DIFFERNT RESERVOIR CONVERT TO INJECTION 9. OGRID #373 10. Address of Operator 303 Veterans Airpark Lane, Suite 1000 Hill It Section Township Range Lot Feet from the Nex Line Feet from the EW Line County 10. Location Unit It Section Township Range Lot Feet from the Nex Line Feet from the EW Line County 11. Pool name or Wildcat Euroice, B-T-D, North (22900) 12. Location Unit It Section Township Range Lot Feet from the Nex Line Feet from the EW Line County 12. Location Unit It Section Township Range Lot Feet from the Nex Line Feet from the EW Line County 13. Date Spudded 14. Date T.D. Reached 15. Date Rig Released 16. Date Completed (Ready to Produce) 17. Elevations (DF and RRB, RT, GR, etc.) 3459 'GL 13. Date Spudded 14. Date T.D. Reached 15. Date Rig Released 16. Date Completed (Ready to Produce) 17. Elevations (DF and RRB, RT, GR, etc.) 3459 'GL 13. Date Spudded 14. Date T.D. Reached 15. Date Rig Released 16. Date Completed (Ready to Produce) 17. Elevations (DF and RRB, RT, GR, etc.) 3459 'GL 13. Date Spudded 14. Date T.D. Reached 15. Date Rig Released 16. Date Completed (Ready to Produce) 17. Elevations (DF and RRB, RT, GR, etc.) 3459 'GL 13. Date Spudded 14. Date T.D. Reached 15. Date Rig Released 16. Date Completed (Ready to Produce) 17. Elevations (DF and RRB, RT, GR, etc.) 3459 'GL 13. Date Spudded 14. Date T.D. Reached 15. Date Rig Released 16. Date Completed (Ready to Produce) 17. Elevations (DF and RRB, RT, GR, etc.) 3459 'GL 13. Date Spudded 14. Date T.D. Reached 15. Date Rig Released 16. Date Completed (Ready to Produce) 17. Elevations (DF and RRB, RT, GR, etc.) 345			ORT (Fill	in boxes #	#1 throug	gh #31	for State and Fe			(u)		West Blineb	ry Dri	it Agreei nkard U	ment Name Jnit (WB	e DU)	37346
NEW WELL WORKOVER DEFERNING PLIGBACK DIFFERENT RESERVOR 2000 11. Pool name or Wildcat 11. Pool name or Wildcat 12. Location 12. Location 13. Address of Operation 30. Veterans Airpark Lane, Suite 1000 11. Pool name or Wildcat 11. Pool name or Wildcat 11. Pool name or Wildcat 12. Location 12. Location 13. Wildcat 14. Date T.D. Reached 15. Date Rig Released 16. Date Completed (Ready to Produce) 17. Elevations (DF and RKR), RT, GR, etc.) 3456' GL 18. Date Spudded 14. Date T.D. Reached 15. Date Rig Released 16. Date Completed (Ready to Produce) 17. Elevations (DF and RKR), RT, GR, etc.) 3456' GL 18. Death Spudded 14. Date T.D. Reached 15. Date Rig Released 16. Date Completed (Ready to Produce) 17. Elevations (DF and RKR), RT, GR, etc.) 3456' GL 19. Pulps Bask Measured Depth 20. Was Directional Survey Made? 21. Type Galler (Ready to Produce) 17. Elevations (DF and RKR), RT, GR, etc.) 3456' GL 21. Type Galler (Ready to Produce) 17. Elevations (DF and RKR), RT, GR, etc.) 3456' GL 21. Type Galler (Ready to Produce) 17. Elevations (DF and RKR), RT, GR, etc.) 3456' GL 21. Type Galler (Ready to Produce) 17. Elevations (DF and RKR), RT, GR, etc.) 3456' GL 21. Type Galler (Ready to Produce) 17. Elevations (DF and RKR), RT, GR, etc.) 3456' GL 21. Type Galler (Ready to Produce) 17. Elevations (DF and RKR), RT, GR, etc.) 3456' GL 21. Type Galler (Ready to Produce) 22. Was Directional Survey Made? 21. Type Galler (Ready to Produce) 22. Type Galler (Ready to Produce) 23. Type Galler (Ready to Produce) 24. Type Galler (Ready to P	C-144 CLOS #33; attach this at	SURE AT	TACHMI t to the C-1	ENT (Fill	in boxes	s#1 thr	rough #9, #15 Dardance with 19.1	ate Rig 15.17.1	Releas 3.K NN	ed and #32 and MAC)	/or	077					
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BH: 3 10 210 37E 15000 3 15000 1 1 1 1 1 1 1 1 1	12.Location	Unit Ltr	Secti	on	Townsl	nip	Range	Lot		Feet from t	he	N/S Line	Feet fi	om the	E/W Lin	ie	County
13. Date Spudded	Surface:	J		16	21	S	37E			1980		S	19	980	Е		Lea
OR/OB/1947 OB/OB/1947 OB/OB/1947 OB/OB/1947 OPEN CORD	BH:									TELL			- 1		14		
G804 GBUGRICCL	13. Date Spudded 07/04/1947			eached							leted	(Ready to Prod	uce)				
Drinkard 6505-6634' 23.	18. Total Measur 6700'	red Depth	of Well			-	ck Measured De	pth	-	20. Was Direct	iona	l Survey Made?				and Ot	her Logs Run
CASING SIZE WEIGHT LB/FT. DEPTH SET HOLE SIZE CEMENTING RECORD AMOUNT PULLED 13-3/8" 36# 213' 17-1/4" 200 sx Class C 8-5/8" 32# 2807' 11" 1550 sx Class C 5-1/2" 15.5# 6630' 7-3/8" 500 sx Class C LINER RECORD 25. TUBING RECORD 24. LINER RECORD 25. TUBING RECORD SIZE TOP BOTTOM SACKS CEMENT SCREEN SIZE DEPTH SET PACKER SET 4-1/2" 0 6700' 210 2-3/8" 6468' 6450' 26. Perforation record (interval, size, and number) 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED Drinkard 6505'-6634' (4 SPF, 312 holes) Injecting 28. PRODUCTION Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump) Injecting Production Packer Date of Test Hours Tested 24 Casing Pressure Calculated 24- Hour Rate Hour Rate Calculated 24- Hour Rate N/A 31. List Attachments C-103, Log & Chart 32. If a temporary pit was used at the well, report the exact location of the temporary pit. 33. If an on-site burial was used at the well, report the exact location of the temporary pit. 34. If a temporary pit was used at the well, report the exact location of the temporary pit. 35. If an on-site burial was used at the well, report the exact location of the temporary pit. 36. Flow Tubing Casing Pressure Title Sr. Staff Reg Analyst Date 09/12/2016 NAD 1927 1933 Date 09/12/2016 Date 09/12/2016 Date 09/12/2016			of this com	pletion - T	op, Bott	om, Na	ame			A TOTAL							
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Date of Test Hours Tested Choke Size Prod'n For Test Period Prod'n For Test Period Prost Period Pr	Date First Produc	ction		Producti	on Meth	od (Flo	owing, gas lift, p	umping	z - Size	and type pump,)	Well Status	(Prod.	or Shut-	in)	-	The state of
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Flow Tubing Press. Casing Pressure Calculated 24- Oil - Bbl. Gas - MCF Water - Bbl. Oil Gravity - API - (Corr.) 29. Disposition of Gas (Sold, used for fuel, vented, etc.) N/A 31. List Attachments C-103, Log & Chart 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit. 33. If an on-site burial was used at the well, report the exact location of the on-site burial: Latitude Longitude NAD 1927 1983 I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief Printed Name Reesa Fisher Title Sr. Staff Reg Analyst Date 09/12/2016	Date of Test			Cho	ke Size				Oil - E	Bbl I	Gas	s - MCF	Wate	er - Bbl.	0	Gas - C	il Ratio
Press. Hour Rate 29. Disposition of Gas (Sold, used for fuel, vented, etc.) N/A 31. List Attachments C-103, Log & Chart 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit. 33. If an on-site burial was used at the well, report the exact location of the on-site burial: Latitude Longitude NAD 1927 1983 I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief Signature Reesa Fisher Title Sr. Staff Reg Analyst Date 09/12/2016		2.	4													1	
N/A 31. List Attachments C-103, Log & Chart 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit. 33. If an on-site burial was used at the well, report the exact location of the on-site burial: Latitude Longitude NAD 1927 1983 I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief Printed Name Reesa Fisher Title Sr. Staff Reg Analyst Date 09/12/2016	Flow Tubing Press.	Casing	g Pressure			4-	Oil - Bbl.		G	as - MCF	1	Water - Bbl.		Oil Grav	vity - API -	- (Cori	.)
31. List Attachments C-103, Log & Chart 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit. 33. If an on-site burial was used at the well, report the exact location of the on-site burial: Latitude Longitude NAD 1927 1983 I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief Printed Name Reesa Fisher Title Sr. Staff Reg Analyst Date 09/12/2016	29. Disposition o	f Gas (Sol	d, used for	fuel, vent	ed, etc.)	N/A					_						
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit. 33. If an on-site burial was used at the well, report the exact location of the on-site burial: Latitude Longitude NAD 1927 1983 I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief Printed Name Reesa Fisher Title Sr. Staff Reg Analyst Date 09/12/2016	31. List Attachme	ents C-10	3, Log 8	Chart		-							Дра	CHE CO	πp.	1	
Latitude Longitude NAD 1927 1983 I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief Signature Reesa Fisher Title Sr. Staff Reg Analyst Date 09/12/2016	32. If a temporary				h a plat	with the	e location of the	tempo	rary pit		_		_		_		
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief Signature Reesa Fisher Title Sr. Staff Reg Analyst Date 09/12/2016	33. If an on-site b	ourial was	used at the	well, rep	ort the ex	xact loc		site bur	rial:	-							
Signature Keesa Fisher Title Sr. Staff Reg Analyst Date 09/12/2016	I hereby certij	fy that th	he inform	nation sh	hown o		h sides of this	form	is tru	e and compl	lete		f my ki	nowled		pelief	
E-mail Address Reesa.Fisher@apachecorp.com	Signature 4	ees	List	her				a Fish	ner	Tit	le S	Sr. Staff Reg	Analy	st /	I	Date	09/12/2016
	E-mail Addre	ss Rees	sa.Fisher	@apach	necorp.	com				<u> </u>				10			

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

T. Ojo Alamo T. Kirtland T. Fruitland T. Pictured Cliffs	T. Penn A" T. Penn. "B" T. Penn. "C"
T. Fruitland	T. Penn. "C"
T. Pictured Cliffs	
	T. Penn. "D"
T. Cliff House	T. Leadville
T. Menefee	T. Madison
T. Point Lookout	T. Elbert
T. Mancos	T. McCracken
T. Gallup	T. Ignacio Otzte
Base Greenhorn	T.Granite
T. Dakota	
and T. Morrison	
gs T.Todilto	
T. Entrada	
T. Wingate	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
T. Chinle	
T. Permian	
-	gs T.Todilto T. Entrada T. Wingate T. Chinle

		SANDS OR ZONE
No. 1, fromtoto	No. 3, from	to
No. 2, fromto	No. 4, from	to
	IMPORTANT WATER SANDS	
Include data on rate of water inflow and eleva	tion to which water rose in hole.	
No. 1, fromto	ofeet	
No. 2, fromto	ofeet	

LITHOLOGY RECORD (Attach additional sheet if necessary)

То	Thickness In Feet	Lithology		From	То	Thickness In Feet	Lithology
	- 1 La						
				188			
	То	Thickness	Thickness Lithology	Thickness Listeday	Thickness Littleberry France	Thickness Litheless To	To Thickness In Feet Lithology From To Thickness In Feet