

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-06466	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. B-935	
7. Lease Name or Unit Agreement Name Northeast Drinkard Unit (NEDU) / 22503	<input checked="" type="checkbox"/>
8. Well Number 525	<input checked="" type="checkbox"/>
9. OGRID Number 873	<input checked="" type="checkbox"/>
10. Pool name or Wildcat Eunice; B-T-D, North (22900)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3474' GL	

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 Other Injection Well

2. Name of Operator
Apache Corporation

3. Address of Operator
303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705

4. Well Location
 Unit Letter N : 500 feet from the South line and 2080 feet from the West line
 Section 10 Township 21S Range 37E NMPM County Lea

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: ANNUAL MIT PRESSURE RE-TEST <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.

Apache performed a pressure re-test on 1/26/2017; see passing chart attached.

- 1/16/2017 MIRUSU POOH w/tbg.
- 1/17/2017 WO TEC; never showed up w/new tbg.
- 1/18/2017 MIRU TT Tried to test in, pipe was bad.
- 1/19/2017 RIH w/2-3/8" tbg & pkr; pkr wouldn't set.
- 1/20/2017 POOH w/pkr and sent in to re-dress.
- 1/23/2017 RIH w/174 jts 2-3/8" IPC tbg & set pkr @ 5647'. Test csg to 530# for 30 min. & circ pkr fluid.
- 1/26/2017 Ran OCD witnessed MIT.

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 Reesa Fisher TITLE Sr. Staff Reg Analyst DATE 1/31/2017

Type or print name Reesa Fisher E-mail address: Reesa.Fisher@apachecorp.com PHONE: (432) 818-1062

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 2/3/2017

Conditions of Approval (if any):

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

HOBBS OCD

FEB 03 2017

BRADENHEAD TEST REPORT

Operator Name <i>APACHE</i>	API Number <i>30-085-06466</i>
Property Name <i>NEDU</i>	Well No. <i>525</i>

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>N</i>	<i>10</i>	<i>21S</i>	<i>37E</i>	<i>500</i>	<i>S</i>	<i>2080</i>	<i>W</i>	<i>LeA</i>

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	<i>1/26/17</i>

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	\emptyset	\emptyset	—	\emptyset	\emptyset
Flow Characteristics					
Puff	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N <input checked="" type="checkbox"/>	CO2 _____
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N <input checked="" type="checkbox"/>	WTR _____
Surges	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N <input checked="" type="checkbox"/>	GAS _____
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N <input checked="" type="checkbox"/>	If applicable type
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N <input checked="" type="checkbox"/>	fluid injected for
Water	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N <input checked="" type="checkbox"/>	Waterflood

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

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>1/26/17</i>	Phone:
Witness: <i>[Signature]</i>	