

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

Form C-103
 Revised July 18, 2013

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.)		WELL API NO. 30-025- 06466 -06534
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection Well		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Apache Corporation		6. State Oil & Gas Lease No.
3. Address of Operator 303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705		7. Lease Name or Unit Agreement Name Northeast Drinkard Unit (NEDU) / 22503
4. Well Location Unit Letter <u>K</u> : 1980 feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>11</u> Township <u>21S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>512</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3430' GL		9. OGRID Number 873
10. Pool name or Wildcat Eunice; B-T-D, North (22900)		

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

NOTICE OF INTENTION TO: 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"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: 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: ANNUAL MIT PRESSURE RE-TEST <input checked="" type="checkbox"/>	
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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/200 jts 2-3/8" IPC tbg.
- 1/20/2017 Latch on to pkr.
- 1/23/2017 RIH & set new pkr @ 5660'.
- 1/24/2017 Pump test to 500# 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):

HOBBS OCD

FEB 03 2017

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>A. Arche</i>		API Number <i>30-025-06534</i>	
Property Name <i>NEDU</i>		Well No. <i>512</i>	

7. Surface Location

UL - Lot <i>K</i>	Section <i>11</i>	Township <i>21S</i>	Range <i>37E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

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

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	<i>0</i> N	Y / N	Y / N	Y / N	CO2 _____
Steady Flow	Y / <i>0</i> N	Y / N	Y / N	Y / N	WTR _____
Surges	Y / <i>0</i> N	Y / N	Y / N	Y / N	GAS _____
Down to nothing	<i>0</i> N	Y / N	Y / N	<i>0</i> N	If applicable type
Gas or Oil	Y / <i>0</i> N	Y / N	Y / N	Y / N	fluid injected for
Water	Y / <i>0</i> N	Y / N	Y / N	Y / N	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>	