

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) 476-4460
 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. 30-025-06747
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Northeast Drinkard Unit (NEDU) [22503]
8. Well Number 909
9. OGRID Number 873
10. Pool name or Wildcat Eunice; B-T-D, North (22900)

11. ELEVATION 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

2. Name of Operator
Apache Corporation

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

4. Well Location
 Unit Letter I : 1980 feet from the South line and 660 feet from the East line
 Section 22 Township 21S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3445' GL

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 checked="" 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: <input 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 the following:
 8/08/2017 MIRUSU POOH w/pkr & tbg.
 8/09/2017 RIH w/retrieving head on WS. POOH w/tbg & retrieving head.
 8/10/2017 RIH w/retrieving head, spot acid to retrieve packer.
 8/11/2017 RIH w/bit to top perms @ 5713'; tagged no fill.
 8/14/2017 RIH w/pkr & plug, circ well, test casing to find leak.
 8/15/2017 Move pkr & isolate csg leak from 5465'-5528', 62.5' of bad casing. Could not pump into leak; SD WO approval from State.
 8/16/2017 WO State approval to proceed.
 8/17/2017 POOH LD WS, pkr & plug. MIRU WL, perf casing @ 5535'. ← **NEW TOP PERF**
 8/18/2017 TIH w/2-3/8" dual lined tbg & set packer @ 5459'.
 8/21/2017 Circ pkr fluid & test to 500# for 30 min - test good. Prep to run OCD witnessed MIT and RTI.
 8/24/2017 Run OCD witnessed MIT, chart attached. RTI

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

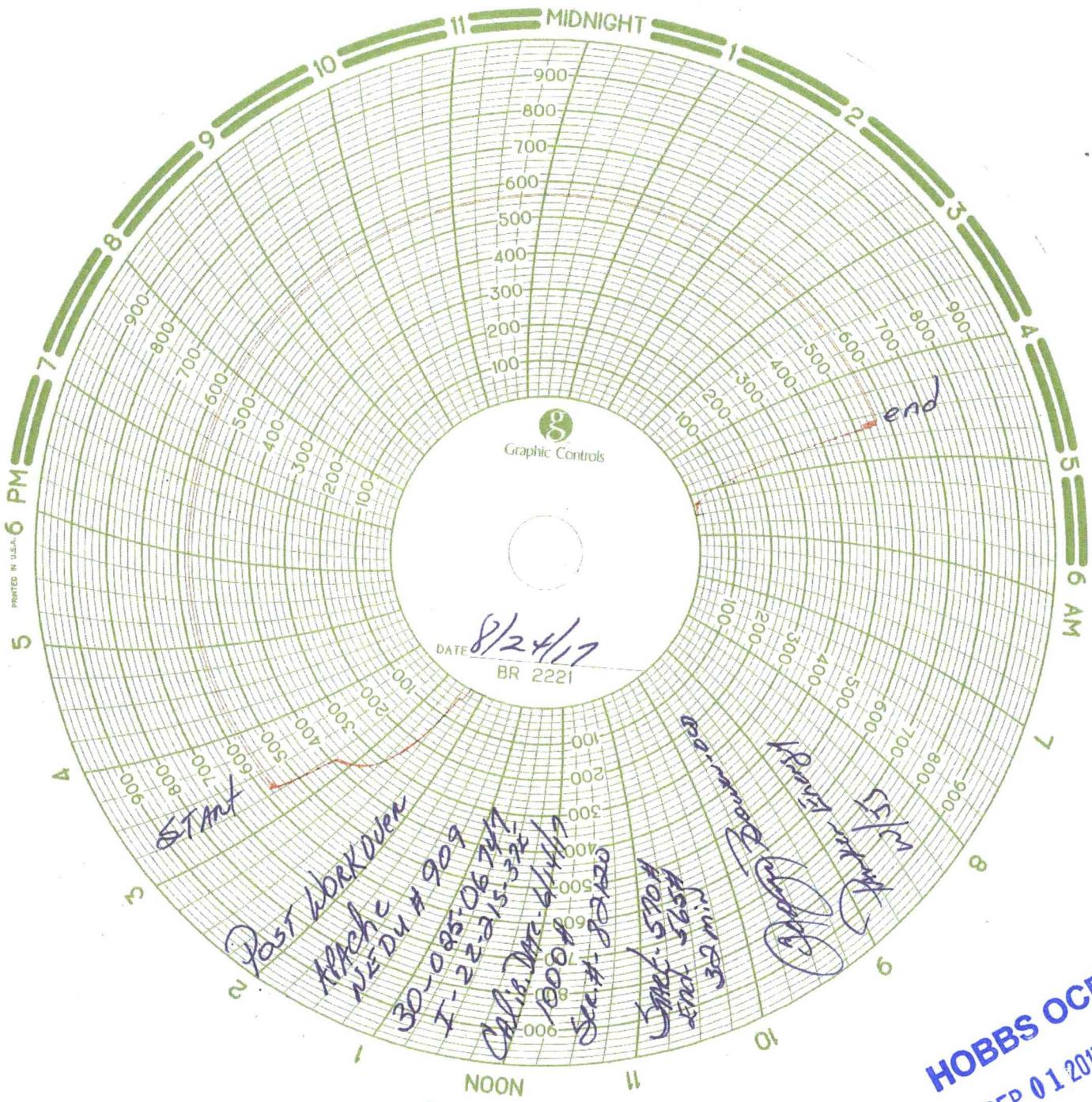
SIGNATURE Reesa Fisher TITLE Sr. Staff Reg Analyst DATE 8/25/2017

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

For State Use Only
 APPROVED BY: Maxey Brown TITLE AO/II DATE 9/6/2017
 Conditions of Approval (if any):

RBDMS - CHART - ✓

PRINTED IN U.S.A. 6 PM



Graphic Controls

DATE 8/24/17
BR 2221

HOBBS OCD
SEP 01 2017
RECEIVED

SEP 01 2017

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Apache</i>	*API Number <i>30-025-06747</i>
Property Name <i>NEDU</i>	Well No. <i>909</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>F</i>	<i>22</i>	<i>21S</i>	<i>37E</i>	<i>1980</i>	<i>S</i>	<i>660</i>	<i>E</i>	<i>Lea</i>

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>8/24/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	\emptyset	—	—	\emptyset	\emptyset
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 —
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR —
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS —
Down to nothing	<i>N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if
					applies.

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

Post Workover BHT. gnt

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>8/24/17</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM